MEDICAL COLLEGE OF GEORGIA

TODAY

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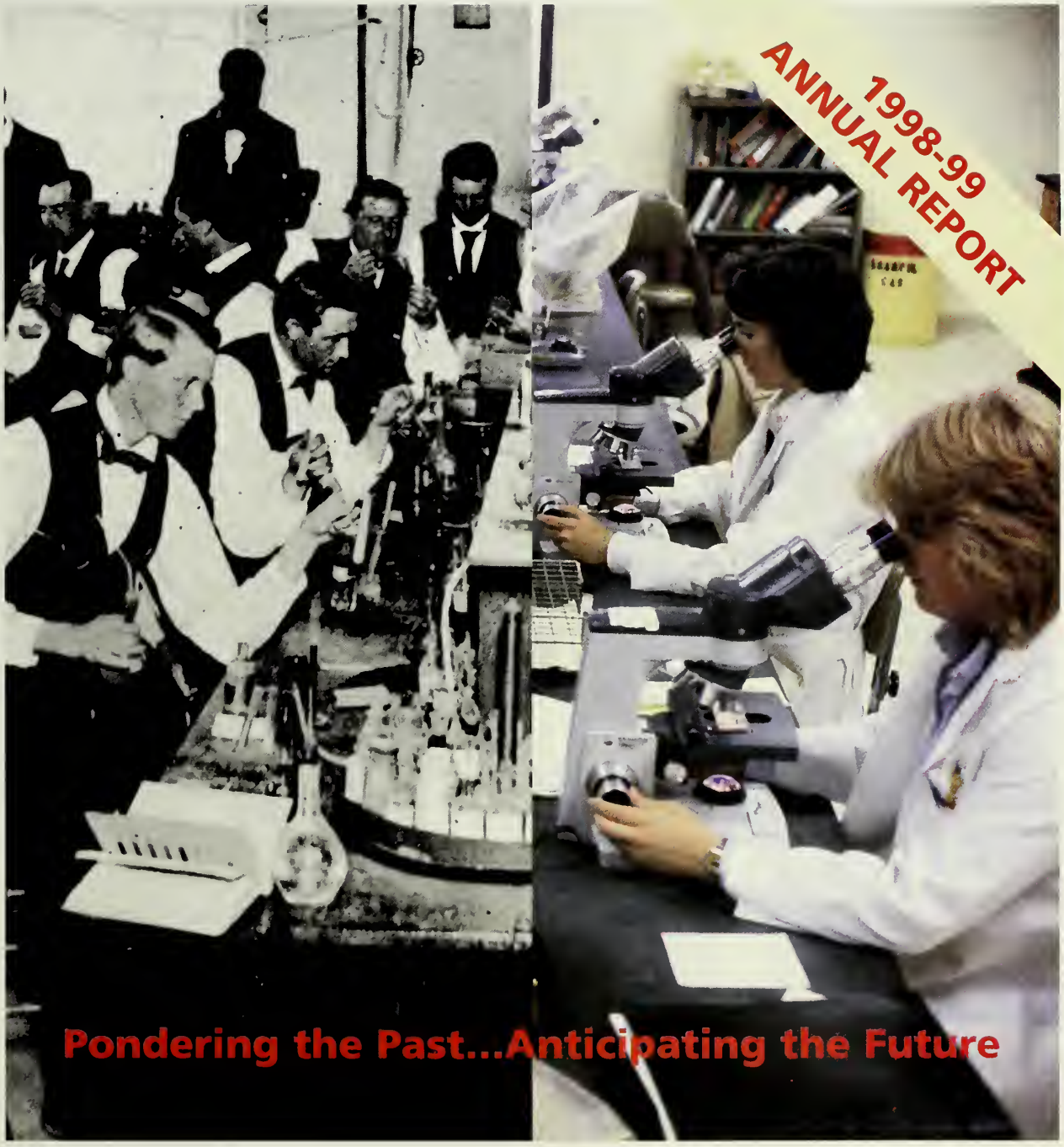

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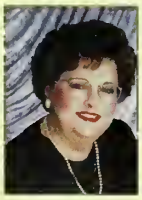

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MEDICAL COLLEGE OF GEORGIA

TODAY

Dear Readers,

Few fields have undergone change as quickly and as drastically as health care in the past few years. Biomedical breakthroughs, the explosion of the field of genetics, distance-learning, new forms of health care delivery, an unprecedented shift to outpatient care, managed care and a host of other factors have combined to virtually transform the field. Will the progress—and headaches—of health care continue unabated into the 21st century? Will we finally conquer problems, such as skyrocketing costs and disproportionate access to care, that have vexed our society for so long?

Who better to weigh in on these issues than those who will serve on the front lines of health care in the 21st century? *Medical College of Georgia Today* editor Christine Hurley Deriso asked several MCG students, residents, faculty and alumni about their thoughts on health care in the next millennium. Their responses–forthright, impassioned and reflective–are featured inside.

This edition of *MCG Today* also recognizes those whose generous support has advanced the research, educational and clinical missions of MCG. The list gets bigger every year. Your support is overwhelming, and we are more grateful than we can say. We embark on a new millennium knowing our dreams are within reach. With your support, there's no limit to what we can do.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.

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AT A GLANCE

Hard to Swallow

At 2 months old, Julianna Badke cooed, smiled, sucked her fingers, rolled over in her crib.... In short, she did everything a baby is supposed to do. Everything except eat.

"She would scream and chew her knuckles when I tried to feed her," her mother, Ann, recalled. "It took one and a half hours for her to finish a bottle. She was so miserable that eventually she stopped eating completely." She was also chronically congested, compounding her misery.

Julianna was referred to Dr. Maria-Gisela Mercado-Deane, a pediatric radiologist at the Medical College of Georgia Children's Medical Center. Based on her studies of more than 2,000 children with similar symptoms, Dr. Mercado-Deane immediately suspected the cause of Julianna's problem.

When Dr. Mercado-Deane joined the CMC in 1993, she suspected that children with chronic respiratory problems might not completely close off their airway when swallowing. The result is chronic coughing—or worse, desensitization to the discomfort of swallowing into the airway. Children who become desensitized may fail to cough, which can result in problems such as pneumonia or choking. Some children with swallowing difficulty go to the other extreme; rather than ignoring the discomfort, they avoid it altogether by refusing to eat. Dr. Mercado-Deane suspected that Julianna fit into the latter category.

Despite the potential of swallowing problems to create such havoc, children with such difficulty often suffer for years before the problem is uncovered. Yet the disorder is diagnosable and treatable, assuming radiologists know what to look for.

Children with respiratory problems are often referred to radiologists for X-rays of their upper-

gastrointestinal functioning. Radiologists are trained to look for signs of reflux–stomach contents flowing back to the esophagus, which is a common cause of respiratory problems. Dr. Mercado-Deane decided to seize the opportunity to also check the child's swallowing function.

"I thought it was important when doing these X-rays to pay more attention to the swallowing mechanism," she said. "I think swallowing, along with reflux, contributes to respiratory symptoms, so we're trying to diagnose and treat them together. It only adds an extra minute or two to the procedure," she said.

As suspected, Dr. Mercado-Deane found that Julianna was swallowing into her lungs rather than esophagus.

"As babies grow, their oral-motor skills will improve, but in the meantime, they may need thicker food," said CMC speech language pathologist Andrea Glover.

Mrs. Badke was instructed to thicken Julianna's formula with rice cereal, a consistency she could much easier tolerate. Julianna immediately rediscovered her appetite. "It was so simple—all we did was thicken her food and lift her head higher when she ate—but it made all the difference," Mrs. Badke said. "She's 100 percent better."

Breast Cancer Study

Whether raloxifene can match or beat tamoxifen's ability to reduce the risk of breast cancer in high-risk women is being studied at the Medical College of Georgia.

Both anti-estrogens appear to bind to estrogen receptors in early breast cancer cells and essentially destroy the cells. Tamoxifen has been shown to halve the risk of invasive and non-invasive breast cancer in high-risk women, but has side effects including an increased incidence of endometrial cancer, blood clots and possibly stroke. MCG is participating in a study supported by the National Cancer Institute that will follow 22,000 post-menopausal women over five years to determine if raloxifene matches tamoxifen's effectiveness with fewer side effects.

A clinical trial of raloxifene's ability to prevent osteoporosis in post-menopausal women indicated a decrease in breast cancer incidence, said Dr. Rory R. Dalton, chief of MCG's surgical oncology service and principal investigator on the new study. In the osteoporosis study, raloxifene worked like estrogen to help keep bones strong. It appeared to have no effect on the endometrium, the lining of the uterus, although, as with tamoxifen, an increased risk of clots in the large veins and lungs was noted.

The raloxifene studies were limited to post-menopausal women who were not necessarily at high risk for breast cancer. The FDA approved raloxifene to prevent osteoporosis in post-menopausal women in December 1997.

The new study will compare the efficacy and safety of these two similar anti-estrogens in post-menopausal women age 35 and older who are at increased risk of developing invasive breast cancer over the next five years, Dr. Dalton said.

The Countdown's On

Call Dwain Shaw's voice mail and you'll get the gist of his preoccupation: "This is Dwain Shaw," his voice intones. "There are 128 days remaining until the year 2000."

Why the countdown? Mr. Shaw, Medical College of Georgia director of Information Services and Year 2000 project director, is in charge of ensuring that Jan. 1, 2000 is as smooth-running and uneventful on campus as the day before. The trick is to make sure every piece of computerized equipment that recognizes the date is Y2K-compliant–modified to recognize the year 2000. This is a monumental task, but MCG is in excellent shape.

About three years ago, MCG began modernizing its mainframe applications, controlling functions such as the payroll and budget. Dale Chernich, MCG's chief information officer, had the foresight to say, "While we're at it, let's make sure we're Y2K-compliant."

"Our good fortune is we've had people with vision, like Dale, and we've had excellent administrative support," Mr. Shaw said.

MCG President Francis J. Tedesco has appointed a Year 2000 Task Force with representatives throughout the campus to work with Information Services toward Y2K compliance. The task force is going building by building, checking and modifying, if necessary, every piece of relevant equipment.

The division wants no surprises. The first priority is the safety of every patient, student, employee and visitor on campus. The second priority is the continued smooth functioning of all affected devices in all areas of campus.

The staff will work through the night on Dec. 31, 1999, but the vast majority of their job of ensuring an uneventful New Year's Day is already done. Their goal? A gloriously boring New Year's Eve.

STUDENT ROUNDTABLE

'I Can Handle Anything'

Panelists: Lauren Britt, an undergraduate student in the School of Nursing; Andy Clark, a graduate student in the Department of Physiology and Endocrinology; Tim Crouch, a School of Medicine resident; Dan Deuter, a graduate student in the Department of Medical Technology; Meredith Ellis, an undergraduate student in the School of Nursing; Robert Graham, an undergraduate student in the Department of Health Information Management; Jerry Guillot, a graduate student in the Department of Medical Illustration; Knox Hubard, a graduate student in the Department of Medical Illustration; Mimi Owen, a graduate student in the Department of Radiologic Sciences; Belinda Stephens, a resident in the School of Medicine; and Belinda Thornton, an undergraduate student in the Department of Occupational Therapy.

MEDICAL COLLEGE OF GEORGIA
Belinda R. Thornton
Occupational Therapy student

Why did you choose a health care career, particularly in light of the many uncertainties facing the field?

Ms. Thornton: I'm a people person. I've always liked to help others. That's my goal and I want to carry it out.

Dr. Crouch: My grandfather was a surgeon. He made house calls and called all his patients friends. That made a big impression on me; I want to have that kind of effect on people's lives.

Mr. Graham: Health care is gearing toward the computer age. A lot of hospitals and health care facilities are still technologically antiquated, and I hope to play a big role in changing that.

MEDICA
Meredith
School of Nursi

Ms. Ellis: I've always been interested in science. When Mom cut the Thanksgiving turkey, I wanted to hold the heart and gizzard. But although I wanted to study science, I knew I didn't want to sit behind a desk all day. I saw nursing as a field with lots of opportunities for growth and different areas for advancement.

Dr. Stephens: Growing up, I saw a lot of people who couldn't afford health care. I wanted to make a difference in their lives. I want to go back to my hometown and give them the care they deserve.

Ms. Britt: My grandmother was sick when I was in middle school, and ever since then, I've known I wanted to work in health care. There are so many different areas; if I get bored, I can move to a new one.

MEDICAL COLLEGE OF GEORGIA
Timothy E. Crouch, M.D.
School of Medicine resident

Why did you choose to study at the Medical College of Georgia?

Mr. Clark: When I visited other

schools, the faculty would spend maybe a few minutes with me. When I came to MCG, a faculty member set aside an entire day for me. He introduced me to the faculty, showed me the labs and facilities and talked to me about his research. I knew that day that MCG is where I wanted to go.

Ms. Britt: I'd never heard of MCG until my brother started dental school here, but as soon as I learned about it, it became my number-one choice. I researched different schools and felt this was the best.

Mr. Graham: The institution has a fine reputation and is very affordable. [MCG health information management] graduates always rank among the top nationwide in the field's credentialing exam.

Mr. Hubard: When I first visited MCG, I was very pleased with the atmosphere. There's a very down-home feel. I feel very comfortable here.

Ms. Ellis: MCG is very affordable and has such a good and reputable nursing program. The teaching hospital offers so much exposure to different kinds of conditions. Before choosing a school, I asked a hospital CEO what he thought. He said, 'MCG is the best program.'

Mr. Guillot: MCG is incredibly affordable. It has an extremely casual, laid-back environment which I think is conducive to learning. Augusta's very beautiful and the people are friendly.

Do you feel the Medical College of Georgia is preparing you well for your future?

Ms. Thornton: MCG is one of the best institutions for those interested in health care. The training is top-notch.

MCG trains us to be professional and deal with all kinds of people in health care. I wouldn't trade my experience here for anything.

Ms. Owen: My program is sort of a drive-your-own program. I'm allowed to pursue my interests and design the program to meet my needs. I was trained as a nuclear medicine technologist and have an undergraduate degree in education. The school is very conducive to non-traditional students re-entering the work force.

Mr. Hubard: MCG has one of five medical illustration programs in the country, and one of the best. MCG's faculty is quite distinguished and holds a lot of weight. The education in both art and science is incredible here.

Mr. Graham: Our education is very comprehensive; MCG doesn't leave any stones unturned.

Mr. Clark: My MCG education has taught me how to define a problem and go about solving it, which I can apply to anything. I'm given the liberty to sit in a lab and, if a problem arises, to solve it. That broad perspective has prepared me for a lot of things. Originally, I wanted to teach, but now I'm considering going into the private sector or working as a forensic scientist.

LEGE OF GEORGIA

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Robert W. Graham
Health Information Management student

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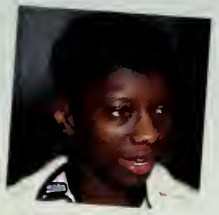
Belinda Stephens, M.D.
School of Medicine resident



MEDICAL COLLEGE OF GEORGIA

Lauren E. Britt
School of Nursing student

MEDICAL COLLEGE OF GEORGIA

C. Knox Hubard
Medical Illustration graduate student

Mr. Deuter: I'm a major in the Army and plan to run a clinical lab in an Army hospital. I feel very well-prepared to do that. My program has a low student-instructor ratio, so there's time to get to know each other and get involved in the development and implementation of projects. MCG has a lot of computer resources and is up on technological advances.

Ms. Britt: MCG has definitely met my expectations. I've learned many, many aspects of nursing: treating the elderly, treating children, working in a community setting, working in a hospital — the whole gamut.

How do you envision your field changing in the 21st century?

Ms. Britt: I think computers will really take off in nursing. Patient notes and all the other writing nurses have to do will be done on computers. Technology will be more complex. We'll constantly be having to learn new things involving equipment, medication and new techniques.

Ms. Owen: Health care is more business-oriented than ever before. I think computers and distance-learning will be used more extensively than ever to keep the both the educational and clinical aspects of the field cost-effective.

Mr. Graham: Computerized patient records will make a big difference in my field. A lot of our program is based on what will happen in the future. It differs so much from how many hospitals operate today. MCG is already moving toward fully electronic patient records, but many hospitals still rely on pen and paper. Computers are where everything will be happening.

MEDICAL COLLEGE OF GEORGIA

Gerard M. Guillot
Medical Illustration graduate student

Ms. Ellis: With the move toward managed care, nurses have more opportunities. As health care gets more expensive, nurses offer a less-expensive alternative, especially when treating the elderly, the fastest-growing segment of the population.

How can health care providers balance patients' best interests with cost-efficiency?

Ms. Thornton: A major goal of the 21st century will be to make health care more cost-effective, and technology such as telemedicine will help achieve that.

Mr. Graham: Technology will play a big role in maximizing health care while still allowing practitioners to make a profit. Software being developed now is more efficient at coding, for instance, which will help hospitals get reimbursed more efficiently from insurance companies and government.

MEDICAL COLLEGE OF GEORGIA

Mimi A. Owen
Radiologic Sciences graduate student

What aspect of the health care field makes you most apprehensive?

Ms. Britt: The legal aspects. So many nurses are getting sued. Nurses have to constantly worry about documenting every decision.

MEDICAL COLLEGE OF GEORGIA

Danny R. Deuter
Medical Technology graduate student

Ms. Ellis: I'm apprehensive about striking a balance with licensed practical nurses. [When I begin my career] I think I'll have more expertise than them in some areas, but not nearly as much experience.

Ms. Thornton: I'm not apprehensive. I've had so much clinical training that I know what's out there. I think I can handle just about anything.

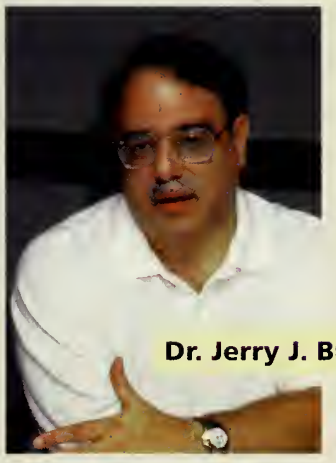
MEDICAL COLLEGE OF GEORGIA

Andrew D. Clark
Physiology and Endocrinology graduate student

FACULTY ROUNDTABLE

'We've Seen a Lot of Positive Changes'

Panelists: Dr. Jerry J. Buccafusco, professor in the Department of Pharmacology and Toxicology; Marie A. Collins, assistant professor in the Department of Associated Dental Sciences; Dr. Robert W. Comer, associate dean for patient services at the MCG School of Dentistry and chairman of the Department of Oral Diagnosis and Patient Services; Dr. Beverly George-Gay, assistant professor in the School of Nursing; Richard E. Haas, assistant professor in the Nursing Anesthesia Program; Dr. Carole M. Hanes, professor in the Department of Pediatric Dentistry; Winston H. Hunt, clinical director and instructor in the Department of Physician Assistant; Dr. George A. Mensah, chief of Cadiovascular Care; Judith S. Salzer, assistant professor in the Department of Parent-Child Nursing.



Dr. Jerry J. Buccafusco

How has health care changed most substantially during your career?

Dr. Buccafusco: The most substantial change I've noted is the recognition that for teaching hospitals to be excellent, they have to have a prominent research program at a clinical and basic-science level. MCG recognized the importance of a research component several years ago, and we've seen a lot of positive changes because of it. MCG has added programs and resources that have dramatically enhanced our national stature.

Dr. Mensah: There's tremendous competition today for every health care dollar. You can't turn on the television without seeing a commercial for a hospital. Teaching hospitals are now being asked to be as efficient as private hospitals that don't have teaching and research missions. That can't work.

Dr. Comer: We have many more options for the health and well-being of our patients than before. Dentistry's prevention measures are paying off. The emphasis now is on improving function and aesthetics. We've also become more aware of how dental problems affect systemic problems, and vice versa.

Dr. Hanes: Dentists used to see children beginning around age 3; now, we recommend seeing them on their first birthday. We're getting an earlier start on spotting and heading off problems.

Marie A. Collins

Ms. George-Gay: Today, there's significant specialization in health care. We're meeting the challenge. We're treating anything and everything, finding cures for everything. But to meet all the needs, we must specialize. It's a lot more difficult to maintain a generalist perspective. Maintaining a critically ill AIDS patient, for instance, is a specialized area. I think there is a need for generalists in specific areas, such as rural areas that otherwise have no health care. These generalists can refer the patients to specialists in urban areas when necessary.

Mr. Hunt: Since I started in 1974, the physician assistant field has changed quite a bit. I see physician assistants growing in subspecialties. We have residency programs in fields such as emergency medicine and pediatrics. This will open doors for advanced training.

How has technology affected your field?

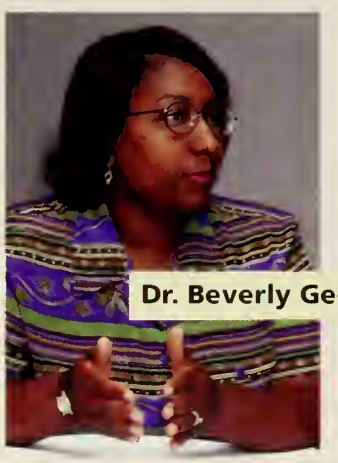
Mr. Haas: When I started giving anesthesia in 1983, we had a quaint concept: canceling surgery because the patient was too sick. That never happens anymore. We have more and more technology to ensure a patient's well-being. When I tell my students [how I used to administer anesthesia without much of the technology available today], they can't believe it. I don't think technology is a bad thing unless it's used as a substitute for taking care of people. A good craftsman can build a house with good tools or crude tools, but good tools make the job a heck of a lot easier. There's a temptation to let technology be the answer rather than simply a tool. I love teaching technology, but I love even more teaching students how to care for sick people.

Dr. Robert W. Comer

Dr. Comer: Dentistry is looking at the use of lasers, digital radiography.... Technology is changing the field vastly.

How has the relationship among health care providers changed?

Ms. Salzer: When I was nursing in the 1960s, everybody stood up when a doctor walked in the room. Now, a much more collaborative relationship has developed among health care providers, which is necessary in light of information overload. It takes a team to keep track of everything going on.



Dr. Beverly George-Gay

Mr. Hunt: There's more overlap in our roles, but there's enough work for everybody.

How has the relationship between patients and practitioners changed?

Ms. Collins: Patients are coming in better-informed than they used to be. They're asking questions and demanding quality.

Dr. Comer: Patients' knowledge base has definitely changed. They want to know options, prognoses, risks.... They used to say, 'Whatever you think is best, Doc.' Now, they're a part of the decision-making process.

Dr. Hanes: Parents are better informed, too, so those of us who treat children spend more and more time with parents. That's a trend that's not going away. In this information age, they want information....

Richard E. Haas

Ms. Salzer: ...and they're getting half of it from the Internet....

Dr. Hanes: ...and a lot of that is *mis*information.

How has the national emphasis on cost efficiency affected health care?

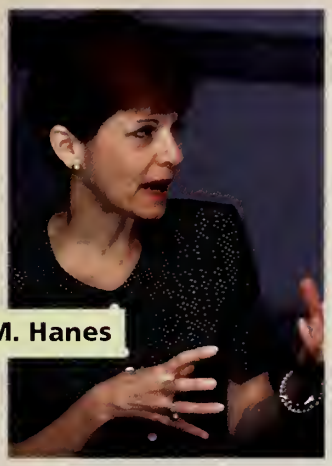
Dr. Comer: The public expects three things of us: high quality, high speed and low cost. We can provide any two of those, but we cannot provide all three simultaneously in a teaching environment. Therefore, patients and doctors must entertain alternative risks and possible compromises in their expectations.

Mr. Haas: There is no substitute for spending time with patients—talking to them, easing their fears... but we're driven to treat X number of patients in X amount of time. Patients used to routinely be admitted to the hospital the day before surgery, and [those administering anesthesia] had time to prepare them and get to know them and answer their questions. Now, we don't see them until the morning of their surgery. Patients feel like they're being pushed through the system. Consider a woman having a breast biopsy. It's a routine procedure, but one that causes great fear and anxiety. I wish we could take just a little more time—slow things down and not drive so hard. But I don't know what the answer is, and I don't see it changing any time soon.

Ms. Salzer: Nurse practitioners have felt a major change with the push for numbers for reimbursement. Initially, it was well-accepted that nurses did nursing care, not medical care, and that nursing care takes more time. For instance, we devoted a lot of time to patient education. But now we're being pushed to work within a medical model, and that's very frustrating.

Dr. Buccafusco: Doctors [at health sciences universities] are being increasingly pressed to see more patients with an eye toward the bottom line, which doesn't leave them enough time to conduct research. Clinicians must have time to contribute to research efforts. I think through no fault of its own, MCG may be losing its edge in clinical research, which also hinders the efforts of basic-science researchers, since the two groups

work collaboratively. Academic clinicians also play an important role in developing new therapeutic approaches to disease. I believe that it is important for teaching hospitals to continue to participate in clinical trials, since this is where the expertise resides. Without this component of our country's drug discovery effort, new and vital disease-fighting agents may be delayed in their approval for general use, or they may not receive adequate testing. The state of Georgia must ask if it wants MCG to continue to be a major clinical research facility, or whether it wants its hospital simply to focus on giving care. The answer to this question is of vital interest to the health of our citizens.



Dr. Carole M. Hanes

Dr. Mensah: I couldn't agree more. In 10 years, we've seen remarkable advances in the understanding of human disease. We've had tremendous strides in research, more so in the United States than in any other country in the world. But we risk losing that edge if the sole consideration is the bottom line. Educational efforts will suffer, too. When I was a resident, my attending physician spent most of his time teaching me. Now, attending physicians spend most of their time doing paperwork and duplicating the efforts of residents, which is an unintended consequence of managed care.

Winston H. Hunt

So you consider managed care detrimental?

Dr. Mensah: I don't think most physicians see managed care as just a problem; there have been benefits, such as reduced costs and shortened hospital stays. But there have been unintended consequences.

Dr. George A. Mensah

How has diminished government funding for indigent health care affected the landscape?

Dr. Mensah: MCG delivers a huge amount of uncompensated care, which forces physicians to do more patient care and not be compensated for it. It also means the physicians don't have adequate time to teach and conduct research. Our future will be on shaky ground if we don't resolve the issue of uncompensated care. Every sector of society must work toward a solution – the federal government, states, communities.... We must seize every opportunity to explain to legislators what it is like to deliver health care day in and day out. It underlies the future of teaching hospitals.

Dr. Hanes: When I arrived here 13 years ago, there were several pediatric clinics in the area to treat those who could not pay. Now, MCG is where virtually all that care is provided. That's good for our students, who can treat a wide variety of patients in a centralized location, but you have to wonder how many people are going untreated. Our students now treat more patients with more disease, and there isn't enough care available. We have a population that is often very unmanageable in a dental setting.

Dr. Comer: Our economy is booming, yet we're cutting costs. MCG is picking up more and more uncompensated care, yet our state appropriations are being reduced. We're in a capitalist society; we cannot become totally altruistic and give everything away to everybody. If the state, county or federal government wants to provide support, it's fine, but we cannot be expected to do it without compensation from either public or private funds. It's a big dilemma.

Judith S. Salzer

What changes do you foresee in the 21st century?

Ms. Collins: There's a trend toward more multidisciplinary interaction in education and clinical training, which is very productive. It results in more comprehensive care.

Mr. Hunt: I see telemedicine playing a big role in the 21st century, particularly to treat underserved populations such as those in rural areas. MCG's physician assistants are already serving Georgia's prison population [via telemedicine]. I've heard no negatives about the care. There is some talk that people will be able to use TVs and computers to "dial

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a doc" in the near future. People seem to want their health care like a hamburger: quick and convenient.

Dr. Mensah: On the other hand, MCG is very responsible, and I don't think visits to the doctor's office will become a thing of the past. It will still be far more convenient for people in the Augusta area to come to MCG rather than get their health care through telemedicine [or other electronic means]. Some aspects of clinical care must remain the same, but telemedicine has the real advantage of reaching medically underserved people.

Mr. Haas: To follow through with the fast-food analogy: Sometimes I want a hamburger, and sometimes I want a gourmet meal. If I have a cold, then fast and efficient care is fine. If I think I might have multiple sclerosis, I want doctors to take their time with me. A little TLC goes a long way. Also, if a patient has a bad experience at a hospital, he'll go elsewhere the next time he needs one.

Are you optimistic or apprehensive about the future of health care?

Ms. Salzer: All of the above.

Dr. Mensah: Cautiously optimistic.

If you had it to do over again, would you make the same career choice?

Unanimous: Absolutely.

ALUMNI ROUNDTABLE

'We Have the Best Health Care System in the World'

Panelists:
Jim Condon (Health Information Management, '97), section manager, Medical College of Georgia Health Information Management Services; Dr. Charles G. Green Jr. (Medicine, '74), internal medicine physician in Augusta; Steven J. Harrison (Medical Illustration, '70), chairman of the MCG Department of Medical Illustration; Linda Jobe (Dental Hygiene, '90), a dental hygienist in Augusta; Deborah E. Sibley (Nursing, '77), an MCG faculty member in the Department of Parent-Child Nursing; Dr. Evan M. Torch (Medicine, '77), an Atlanta psychiatrist; and Dr. John W. Vollenweider (Dentistry, '78), a dentist in LaGrange, Ga.

How has your field changed most substantially during your career?

Dr. Vollenweider: It has always been true, but maybe no more so than today, that a dentist must commit himself to a lifetime of study and being a perpetual student. I would almost guarantee that there is not a single procedure I do that is exactly the same as it was in 1978.

Dr. Green: During the past 25 years, general internal medicine has shifted more toward an ambulatory form of practice. The number of hospitalized patients has dropped significantly with the large flow of subspecialists coming into the practice. There has also been a significant decrease in the amount of general internal medicine work in intensive care units.

Dr. Torch: My perspective is a bit different than that of many non-physician health care professionals or physicians in academia. Managed care has changed literally everything in the private practice of psychiatry. Inpatient psychiatry is almost a thing of the past, but both the legal system and the public still hold psychiatrists responsible with the expectation that the same clinical result can be achieved in one-tenth the time we used even five years ago.

Ms. Jobe: My field is *trying* to change. Preventing oral disease is a team effort between the dentist, dental hygienist and patient. I hope to see changes that will allow better access to care. For instance, nursing-home patients have oral health needs. I can't serve those needs unless a dentist is on the premises, due to legislative laws governing my practice acts.

Mr. Harrison: The biggest change in medical illustration is the innovations in technology, particularly in the past eight to 10 years. Also, when I graduated in 1970, probably less than 5 percent of medical illustrators were self-employed or free-lancers. Now, probably a third are. There's more entrepreneurship and there are more career opportunities.

Jim Condon

Ms. Sibley: Twenty-five years ago, nurses were well-educated, but the education process was predominantly training. We were trained to respond to a given situation with precision with some general understanding of the underlying rationale. Today, nurses are taught not only to respond to given situations, but also to master problem-solving skills, to wisely utilize resources and to understand *why*. Nurses today are much more accountable for their actions and observations. A team is no longer just the nurse, physician and their patients. The team now collaborates with many specialties and disciplines. Not only does the team collaborate within the facility, but also with

agencies outside the traditional confines of patient care settings. And certainly today, all members of the team are equally accountable for the results of their work.

How has the national emphasis on cost efficiency affected health care?

Dr. Torch: Psychotherapy may become economically less viable, with far too much reliance on pharmacology. There is still no substitute for getting to know patients as people rather than simply writing prescriptions; for me, this is the rewarding aspect of psychiatry.

Dr. Charles G. Green Jr.

Dr. Vollenweider: As a general rule, dentistry remains one of the true bargains in health care. Partially because of the low limits offered by third-party reimbursement plans over the past 20 years, dentistry has fortunately not developed as strong a dependency on third-part reimbursement as perhaps other areas of medicine have. The influence of managed care cannot be ignored, however. Again, fortunately, dentistry wisely has been slow to move into that area and now we are seeing what many of us suspected: legislation to require third-party plans that set limits on patient treatment to be responsible for the consequences. We are seeing patients rebel at the idea of having someone choose whom their doctor will be and what their treatment will be. People should never give up their freedom to choose their doctor or their treatment.

How has technology changed your field, and how do you expect technology to change your field in the 21st century?

Dr. Vollenweider: Technological advances have improved almost every aspect of a modern dental practice, including office management and patient education. Today, for instance, we use ceramic and porcelain materials to produce some of the most natural-looking crowns, mimicking nature so closely that they defy detection. Patients love what we can do for them, and so do I.

Mr. Condon: Even in the short time I've been in the field, the technology has improved and increased. MCG is gradually converting to electronic medical records, and up to 150 people at once can access those records. I think the field is demanding people who are technologically oriented.

Steven J. Harrison

Dr. Green: The constant improvement in technology has empowered the general internal medicine physician to do more and more in his office. For example, now we can provide intravenous fluids and diagnostic studies in the office. I expect continued flow of enhanced technology into the hands of all primary care physicians. This will allow them to move into some subspecialty areas, especially as non-invasive coronary imaging comes on line in the next few years. This will allow general internal medicine physicians to make cardiology-level decisions without a cardiac catheterization. It will, however, open up the entire field of asymptomatic coronary disease. In other subspecialties of internal medicine, similar events will take place.

Mr. Harrison: Technology will continue to expand. Computers will be increasingly used for medical illustration, and computers will become increasingly user-friendly. Also, I think we'll see more and more medical problems arising from technology–for instance, eye strain from staring at a computer screen all day. But technology is obviously here to stay, and it's very beneficial to what we do.

Ms. Sibley: Communication will revolutionize our jobs and lives. Enhanced communication can provide access to patient histories, regardless of such things as logistics and language barriers, and can enhance networking to resolve clinical issues. Other aspects of technology will develop, but not without considering the cost vs. benefit.

What other changes do you anticipate?

Ms. Sibley: Evidence [of a treatment's

efficacy] will be the driving force for practice.

Linda Jobe

Mr. Condon: I think the state of health care will become more and more competitive. A hospital, at least to some degree, is a business, and hospitals will need more information to make crucial business decisions. Health information managers will be asked to collect and provide more data, and the information will be more valuable–a tool to make sure hospitals are going in the right direction.

Dr. Vollenweider: I believe there will be more dentists practicing in groups, either as individuals under one roof or as a true partnership. There are many advantages of a well-organized group, including sharing space and personnel, having immediate second opinions, reducing overhead expenses and sharing emergency call.

Are you optimistic about the future of your field?

Mr. Harrison: I am in many ways. The job market for recent graduates has never been better, and a lot of new jobs are being created around technology. An area of concern in medical illustration is ethics—for instance, the misappropriation of illustrators' images. Now, it seems anybody can pull an image off a computer screen and misappropriate it. Some successful litigation will probably be necessary to solve the problem. I'm sure there will be some headaches along the way.

Ms. Sibley: Oh, yes, I'm optimistic. As a nurse and member of the health care team, prevention is not as intellectual or adrenalin-producing as Advanced Cardiac Life Support logarithms. But if we can prevent the need for initiating the ACLS protocols, we can be more cost-effective and improve our outcomes.

Ms. Jobe: Absolutely, I'm optimistic. MCG gave me a terrific education heavily based in sciences and technical skills to prepare me. I feel the professions of dentistry and dental hygiene complement each other well. I hope laws will be changed to allow dental hygienists expanded duties, such as administering local anesthesia or placing special antibiotic fibers for periodontal therapy.

Deborah E. Sibley

Dr. Green: Technology will empower not only the primary care physician, but the nurse practitioner or physician assistant. In the future, they will provide a level of care equivalent to today's internal medicine physicians. Because of technological advances, [the provider's education and expertise] may be less important and there may be some risk to the primary-care physician because of this.

Mr. Condon: I'm optimistic, because health information managers have an increasing number of career opportunities. Traditionally, we've been limited to working in acute-care institutions. Now, we work for insurance companies, health management organizations, consulting firms.... Our options are really growing.

Dr. Vollenweider: I am extremely optimistic. I honestly don't feel there has ever been a more exciting time to be a dentist. Dentists of the future must be able to provide more complex and comprehensive care, including aesthetic procedures, implants, periodontal procedures and advanced crown and bridge procedures. The dentist who prepares, enjoys being a constant student and is willing to work will have a bright future.

Are you optimistic about the future of health care in general?

Ms. Jobe: Yes. We're living longer, staying healthier and taking better care of ourselves.

Dr. Green: I am optimistic from the standpoint of technological advances, which will empower our future generation of physicians. Many of the incurable diseases we have dealt with in our generation will be curable or at least treatable in the near future. One key to advancing health care is capitalism. Certainly, drug companies need to be rewarded to continue to provide us with a constant flow of drugs as they have in the past several decades. The same is true of physicians. We cannot

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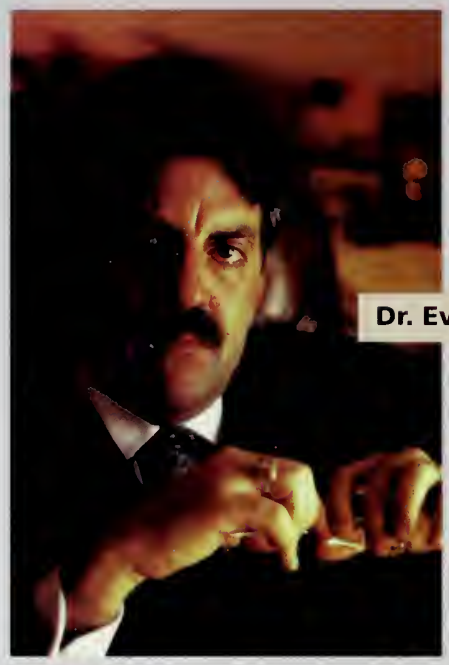


Dr. Evan M. Torch

expect the best and brightest to give up the decade between age 20 and 30 to go into medicine if they are not rewarded both with professional respect and earning that compensates them for this prolonged period of training. These basic items will determine the future of health care in America.

Mr. Harrison: Basically, I'm optimistic. I still think we have the best health care system in the world. I'm not as concerned about quality of care as I am about delivery of care. I think change has to come from within the field, not from the government.

Mr. Condon: I'm optimistic. The changes we're seeing now [in the business of health care] are probably long overdue. Competition is increasing for every health care dollar, and when everything is said and done, we'll be better off. But not every health care institution is going to survive. I think when we strike the balance between good care and economical care, we'll be on the right path.

Dr. Vollenweider: Yes, I'm optimistic, if we can ensure that doctors are allowed to make decisions for their patients based on the patients' needs rather than guidelines of [reimbursement organizations]. Only then will health care in general have a bright future. We need to teach health care personnel to be patient-oriented first, but not forget that they need to be business-minded as well to prevent them from making poor decisions that will eventually make them dependent on or responsible to someone other than their patients.

Dr. Torch: I believe the public will either seize control of health care rationing from the corporate/insurance industry consortium or we will deteriorate into a Canadian kind of officially sanctioned limits.

If you had it to do over again, would you follow the same career path?

Mr. Harrison: If I couldn't drive a race car, yes. I've been very fortunate to work in many venues in the field. I've had a lot of variety. I'm happy with what I do.

Dr. John W. Vollenweider

Ms. Sibley: I would not change a single thing. Over the years, I've learned a lot from my teammates, especially my patients. My job now is to learn at least one new thing every day and pass it along.

Dr. Torch: I have been paid to do something I love to do and I think I have made a small difference in a lot of lives. I don't think I would be able to repeat a lot of this now unless I opted out of all current reimbursement systems.

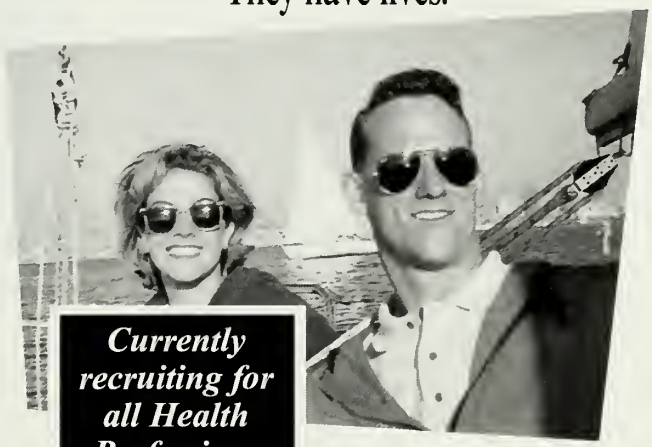
Mr. Condon: I would, and I encourage others who are interested to take an MCG Closer Look tour. That's how I found out about the field. This is a second career for me; I retired from the military, and I found this was a field where I could apply the leadership and management skills I learned in the Army. I enrolled at MCG at age 39, and I was eager and ready to learn. I have two speeds: off and on. I give all I've got.

Dr. Green: If I had to do it at my original starting point, 25 years ago, I certainly would choose the same career path. However, at this point, with all the change in technology, I would look very carefully to select a medical career path that I felt was not encroachable by non-physician providers and unlikely to be significantly affected by changes in technology.

Ms. Jobe: Yes and no. Yes, because I love what I do. Every day is a challenge and I try to find new ways to motivate my patients. I am fortunate to work for two dentists (both MCG graduates) who share these goals. The entire staff is terrific. But I never expected my profession to have so little respect. Sometimes I feel invisible.

Dr. Vollenweider: I have never regretted choosing dentistry as my career. For the last 20-plus years, I have loved getting up and going to work. I feel like I am one of the luckiest people I know. I love my work, my patients and the people I work with. When I was 12, I either wanted to be a dentist or drive in NASCAR. Today, I'd say I either want to be a dentist or a professional golfer on the senior tour. I have about as much of a chance being a professional golfer as I did being a NASCAR driver. I definitely made the right choice and thank God for all the people who encouraged me and helped me become a dentist.

Our health care team members don't just save lives. They have lives.



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AlumNews

Dr. Kluger Named Dean

Dr. Matthew J. Kluger has been named vice president of research and dean of the School of Graduate Studies at the Medical College of Georgia. He began July 1.

Dr. Kluger, previously director and senior scientist of the Pathophysiology Division of Lovelace Respiratory Research Institute in Albuquerque, N.M., has a doctorate in zoology from the University of Illinois and a master of business administration degree from the University of New Mexico's Anderson Schools of Management. He completed postdoctoral training at Yale University School of Medicine's John B. Pierce Foundation Laboratory.

"Dr. Kluger's sustained success as a researcher and an administrator will enable him to quickly and successfully assume management of research initiatives and to build this important aspect of our mission as Georgia's health sciences university," said MCG President Francis J. Tedesco.

Dr. Kluger's plans include enhancing collaboration among MCG researchers and fostering an environment that rewards creativity. "I have my own explicit goals," he said. "I will be very disappointed if our extramural support for research is not doubled within five years."

He will create a Biomedical Research Council, comprised of faculty from each MCG school, to advise him on the direction of research at MCG. "I am going to ask [council members] not to be wearing their own departmental or center or institute hats, but thinking about the bigger picture," he said.

Dr. Matthew J. Kluger

Dr. Kluger is creating a new position to direct technology transfer, focusing on marketability when helping decide whether to pursue a patent. He also will expand the duties of the director of the Office of Clinical Trials Compliance to include navigating research regulations and creating a readily accessible database of MCG researchers and their clinical research expertise.

"The president seems very willing and eager to encourage the growth of research operations, and that's refreshing," Dr. Kluger said. "And he seems willing to back that up with a significant amount of resources."

Dr. Jones Honored for Academic Performance

Dr. Jennifer Richardson Jones was the Medical College of Georgia 1999 student representative for Academic Recognition Day May 3.

Academic Recognition Day was begun in 1986 to celebrate individual academic

MCG President Francis J. Tedesco congratulates Dr. Jennifer Jones

achievement and recognition within the University System of Georgia.

Dr. Jones earned a medical degree from MCG May 8. She maintained a perfect 4.0 grade point average throughout medical school. She and her husband, John, live in Stone Mountain, Ga. Dr. Darrell G. Kirch, dean of the MCG School of Medicine, nominated Dr. Jones for the honor.

Distinguished Chair Established

The Georgia Academy of Family Physicians' Joseph W. Tollison, M.D., Chair has been designated a Distinguished Chair by the University System of Georgia Board of Regents.

More than $1.1 million is in the endowment, qualifying it to be renamed a Distinguished Chair.

The chair, honoring Dr. Tollison, deputy executive director of the American Board of Family Practice, was established in September 1997. He retired from MCG in 1997 as chairman of the Department of Family Medicine. He joined the MCG faculty in 1976.

Class Notes

School of Allied Health Sciences

Terry L. Trundle (P.T.A., '78), Acworth, Ga., practices progressive sports medicine and physical therapy in Atlanta. He is vice president of the National Assembly of Physical Therapist Assistants of the American Physical Therapy Association. He married Caren Brooks April 3.

School of Dentistry

Dr. Denise Attaway ('92) practices dentistry in Prospect, Ky.

School of Graduate Studies

Dr. William D. Davenport Jr. (Anatomy, '76) has been appointed by the American Dental Association's Joint Commission on National Board Examinations to serve on the Dental Hygiene Part B National Board Test Construction Committee. Dr. Davenport is a member of the Anatomic Sciences Test Construction Committee, which composes the Part I-Anatomical Sciences portion of the Dental National Board Examination. He also served on the committee from 1977 to 1982. In 1983, he served on an ad hoc committee appointed by the ADA Joint Commission on National Board Examinations to study the oral biology content on Dental National Boards. He is an associate professor of oral pathology and associate professor of cell biology and anatomy at Louisiana State University School of Dentistry in New Orleans. He also is coordinator of support technologies and director of the research histology laboratory.

School of Medicine

Dr. Jeffrey Peden Harris ('72), a Winchester, Va., internist and subspecialist in nephrology, is serving a four-year term as governor of the Virginia Chapter of the American College of Physicians-American Society of Internal Medicine.

Dr. James K. Elsey ('79) practices general and vascular surgery in Thomaston, Ga., and is a county commissioner. He was recently elected president of the Emory Association of Vascular Surgery (1999-2001) of the Emory University School of Medicine. He was one of 50 state recipients of the Building a Better Georgia Award presented by insurance commissioner John Oxendine.

Dr. Claude T. Su ('86), Savannah, Ga., has a private cardiology practice with Cardiology Associates of Savannah and is board certified in internal medicine, cardiovascular disease and nuclear cardiology. His wife, Susan Aeger Su, was on the faculty of the MCG School of Nursing. They have three children: Laura, 10; Catherine, 8; and Ryan, 3.

Dr. Thomas Sachy ('95) has completed a fellowship in behavioral neurology and a psychiatry residency at the Medical University of South Carolina in Charleston and is completing a fellowship in forensic psychiatry at Emory University in Atlanta. His wife, **Melissa Sims** (M.D., '94) has also just completed a pathology residency at MUSC and is doing a fellowship in forensic pathology.

Dr. Richard J. Harp ('98), Cherry Hill, N.J., is a surgical resident at the Hospital of the University of Pennsylvania in Philadelphia. His son, Ryan Christopher, was born April 15. He weighed 8 lbs. and 15 oz. and was 21 inches long. He was welcomed home by brother Cole, 2.

School of Nursing

Jane Caskey Wilson ('82) has worked at Emory University Hospital since 1985 and was named director of the cardiac catheterization lab three years ago. She has been married 13 years to Brian Wilson, a pilot for Atlantic Southeast Airlines. They have a 2-and-a-half-year-old daughter, Kathryn.

Deadline for submitting information for publication in the winter issue of AlumNews is October 23, 1999.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

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Professional news (attach additional page if needed)

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O.T. Program Spanning the State

Sally L. Simkins

Eleven Medical College of Georgia students began earning their bachelor's degrees in occupational therapy this May on the Columbus State University campus in Columbus, Ga.

The program is coordinated through the College of Sciences at Columbus State.

"One of the goals of the program is to help place health care professionals in underserved areas of Georgia," said Dr. Kathy Bradley, chairman of the MCG Department of Occupational Therapy. With an MCG physical therapy distance-learning program at Albany State College, MCG's programs now span the western section of the state.

MCG occupational therapy students begin the program after completing two years of core prerequisites at an accredited liberal arts college. "Even though we accept students as juniors, 50 percent of our students already have their four-year baccalaureate degrees," Dr. Bradley said. Entering students receive their course base in occupational therapy during the first year at MCG. During their second year, they complete course work and intensive clinical experience through internships in health care settings throughout the state.

Occupational therapy faculty at both campuses share in teaching responsibilities. "One first impression of distance learning is that the personal side of the educational experience may be missed," Dr. Bradley said.

To help alleviate that problem in the new program, Dr. Bradley taught the opening class from Columbus so she could personally meet the students. "This way, I feel I know them and can call them by name," she said. "Other faculty, too, will travel periodically to personally meet with students."

The MCG-based classes are conducted via the Georgia Statewide Academic and Medical System distance-learning network and through computerized teaching, in which course contents, lecture text and videos are accessible on the program's website. This way, students may review portions of a lecture for clarification or to refresh themselves on the topic. The faculty underwent intensive web training while converting coursework to the new semester format.

"We're looking at what is included in course content and what technology is best to deliver the content," said Dr. Bradley.

Dr. Campbell Named Chairman

Sally L. Simkins

Dr. Carol Campbell, acting chairman of the Medical College of Georgia Department of Health Information Management, has been named chairman.

Dr. Campbell received her master's degree in management from the University of Redlands in California and her doctorate in business administration from Nova Southeastern University. She joined the MCG faculty in 1984.

"The faculty in our department is superb," Dr. Campbell said. "I consider it an honor to represent them as chairman."

Bachelor-degree students enter the two-year program after completing their first two years of undergraduate school at an accredited institution. A six-week clinical practicum is part of the curriculum of the senior year. The MCG School of Graduate Studies offers master of science and master of health education degrees in the field.

Health information managers secure, analyze, manage and integrate medical records and other health information. Health care providers use this information to make health care decisions, and health care facilities and organizations use it to make business decisions. Health information managers work in most health care settings as well as in insurance companies, law firms and information systems companies. Many become independent consultants.

Dr. Carol Campbell

Up to 20 students are accepted each year in the bachelor-degree program. "Our applicant pool is a little down this year, as it is in other programs in the country," Dr. Campbell said. "It is still a virtually unknown profession. We don't have the problem of having too many applicants."

Dr. Campbell said the faculty is exploring the possibility of combining a health information management degree with a business or computer track. "We also are looking at new and innovative ways of offering our programs via distance learning," she said. "A web-based graduate program over the Internet is in the early stage of consideration."

Dr. Mishoe Named AARC Fellow

Dr. Shelley Mishoe, professor and chairman of the Department of Respiratory Therapy in the Medical College of Georgia School of Allied Health Sciences, has been named a fellow in the American Association for Respiratory Care.

AARC fellowships recognize excellence in respiratory care education, achievement of advance credentials and initiatives in research, publications and clinical care.

Dr. Mishoe earned a bachelor's degree in respiratory therapy from Syracuse University of New York Health Sciences Center, a master's degree in education and health services administration from Augusta State University and a Ph.D. in adult education from the University of Georgia. She was named the 1997 AARC Education Practitioner of the Year and received the School of Allied Health Sciences Outstanding Faculty Award.

Allied Health Students Honored

The Medical College of Georgia School of Allied Health Sciences recognized outstanding students during its Honors Day ceremony last spring.

Recipients and their awards were:

- Wilmarie Negron, dental hygiene, MCG Faculty and Spouse Club Scholarship Award.
- Bonnie Lynn Barsh, occupational therapy, Raymond C. Bard Scholarship Award.
- Courtney A. Hearn, Associated Dental Sciences Chairman's Award.
- Miranda L. Moffitt, Associated Dental Sciences Best Clinician Award.
- Amanda D. Burruss and Rachel H. Yeargan, Associated Dental Sciences Preventive Dentistry Award.
- Amanda D. Burruss, Julie A. Darnell and Christine E. Hess, initiation into Sigma Phi Alpha, national honor society for dental hygiene.
- Christi Ledig, health information management, Charlotte Johnson Memorial Scholarship and Augusta Area Health Information Management Association Scholarship Award.
- Kimberly Reed, occupational therapy, Nancy D. Prendergast Award and MCG Senior Occupational Therapy Student Scholarship.
- Sarah Ashmore, Dr. Ricardo C. Carrasco Award for Second Career Occupational Therapy Students.
- Frank D. Clements, Outstanding Physician Assistant Student Award.
- Jennifer Bryson, Outstanding Student in Nuclear Medicine Technology.
- Corey Jones, Radiologic Sciences Alumni Award.
- Zella Renee Lovell, Respiratory Therapy Chair's Award.
- Robert Jason Hunter, Zella Renee Lovell and Robert Brent Murray, initiation into Lambda Beta Society, national honor society for respiratory therapy.
- Wendy Sinclair, medical technology, Dr. Walter L. Shepeard Achievement Award and Dr. C. Robert Baisden Student Laboratory Management Award.
- Naomi Nahr-Martey, medical technology, CSRA Society of Medical Laboratory Personnel Student Professionalism Award.
- JoLynn Evans, Lisa Ivy and Cassandra Richardson, National Committee for Clinical Laboratory Standards Honored Graduates.
- Wendy Storm Buckner, Lynn E. Jaffe, Douglas R. Keskula, Lori Prince, Carol Johnson Reimche and Elizabeth Thais Wark, faculty initiation into Alpha Eta Society, national scholarship society in allied health.
- Amy Kay Hill-Ambrose, John Andrew Carzoli, Michelle Jean Ciamillo, Danny R. Deuter, Christopher George Fisher, Toni Leigh Fisher, Brian Edward Frix, Amanda Sue Montabon, Elizabeth Ashley Neal, Cynthia Ann Smith, David Daniel Stanley and Tammy Michelle Williams, graduate student initiation into Alpha Eta Society.
- Sarah Elizabeth Ashmore, Christine Marie Bernier, Julie Ann Blakeley, Amanda Sheryl Frazier, Danielle Givens, Tami Lynn Grimm, Robin Jones, Stacey W. Lawhon, Scott Alan Leggio, Jennifer Lori Manry, Julie Leigh McCandless, Connie Ray Meeks, Catherine Rox Patty, Kimberly Dale Reed, Johnna Wren Ruffin, Henna Shaheen Sheikh, Wendy Lynn Sinclair, Nancy Elizabeth Strickland, Rhonda Thomas Tucker and Michelle Ann Wolfe, undergraduate student initiation into Alpha Eta Society.

School of Allied Health Sciences Alumni Association Officers, 1999-2000

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Student Works to Interest Minorities in Dentistry

Deborah G. Steele

When she was a youngster, Kimberly Edwards would play in her mother's pediatric dental office while her mother worked. As she got older, she held summer jobs at the practice and when it was time to make a career choice, dentistry was imbedded in her mind and heart.

"I saw the flexibility Mom had," said Kimberly, a Medical College of Georgia School of Dentistry senior. "I think [dentistry] is a really good field for women because it doesn't have the emergent care that presents itself in medicine and it's flexible enough to allow a woman to spend time with her children and family."

Kimberly's mom also taught her the importance of professional affiliations in dentistry. Kimberly, immediate past president of the MCG chapter of the Student National Dental Association, was named president of the national chapter in August during the organization's annual meeting in Atlanta.

"I ran for president-elect [last] year and am working with the current president to make sure I understand the roles and responsibilities of president," she said. "I will be responsible for organizing the national convention for 1999-2000 and for representing the organization at various meetings of our parent organization, the National Dental Association."

The Student National Dental Association's focus is on increasing the number of minorities in the dental profession and stressing the importance of dental care among minority communities.

"I'd like to see the organization become more cohesive insofar as local chapters being involved and establish some initiatives that programs are involved in," she said, citing the MCG chapter's Impressions Program, which works to draw minorities to the field by introducing them to minorities in practice and in dental school.

"Another goal is also making [minorities] aware that [dentistry] is a viable option to medicine and nursing and the rewards of the profession," said Kimberly. "Everybody pretty much is aware of dentistry, but many don't think about it as a profession."

Kimberly is anxious to make her mark in the association. "I was very appreciative that they felt I did a good job as corresponding secretary [a position she held in 1997-98] and that I had the potential and could run the organization."

Kimberly Edwards

The Student National Dental Association has approximately 700 members, while the MCG chapter has around 11. One of Kimberly's goals is to increase those numbers.

"I want to do some internal marketing to bring on other minority students," she said. "Many students don't know about SNDA or the benefits of being a member."

Those benefits include social interaction with other dental students and professional interaction with minority dentists.

CD-Rom Refines Students' Skills

Deborah G. Steele

Practicing complicated dental procedures is going to be a little easier when a new CD-Rom project hits the market this fall.

Dental Interactive Simulations Corporation, a non-profit organization comprised of dental organizations, has been charged with developing an interactive CD-Rom for use in dental teaching, testing and continuing education. This first, due out this fall, will enable students to practice comprehensively treating a patient and asking the simulated patient questions.

Dr. Frank Caughman, chairman of oral rehabilitation at the Medical College of Georgia School of Dentistry, is primary author of the first CD-Rom, which focuses on a senior oral medicine case. An actual case was used as background for the project.

"It will take a student about six to 12 hours to go through an entire case," said Dr. Caughman. "[Students] will diagnosis the treatment plan and perform the treatment plan in graphic detail."

According to Dr. Caughman, the first case is staged as "futuristic dentistry to make the learning experience more fun. You are an expert at a space station and the treatment is performed by this robotic thing." Each case will be independent of the ones before it, and each will present a problem-based learning experience.

MCG alumnus Tom McDonald, in private practice in Athens, Ga., will author the next project, which will involve anterior aesthetics and occlusion.

The advantage for students is that they will be working on very complex cases, something they don't readily encounter until after graduation, Dr. Caughman said.

"One of the problems we have in dental school is the really complex cases are too much for students," said Dr. Caughman. "I see [the CD-Rom program] giving our students a lot of exposure to complex situations. This has the capability of bridging some of those gaps [we see in dental schools]."

The interactive learning projects can be subject-specific and may eventually become an integral part of dental schools' curricula. They may also be used for national board testing.

In each case, a consultant team is assigned to represent the expert side of the dental profession. A periodontist, endodontist, general dentist and dental hygienist comprise the team.

"I see this as revolutionizing the way we teach dentistry and give continuing education credits," Dr. Caughman said.

Faculty Honored

Medical College of Georgia School of Dentistry faculty Joseph L. Konzelman Jr. and Brad J. Potter were presented the Judson C. Hickey Outstanding Teacher Award by members of the 1999 graduating class.

The award, named in honor of the school's founding dean and presented each year by the senior class, is given to the faculty deemed most helpful to the class. Drs. Konzelman and Potter are past recipients of the award and served as class marshals at the annual hooding ceremony on graduation day.

Drs. Konzelman and Potter are associate professors of oral diagnosis and patient services.

Hinman Gift Targets Recruitment

Christine Hurley Deriso

The Hinman Dental Society of Atlanta has contributed $30,000 to the Medical College of Georgia to help attract dentists in private practice to academia.

The money will be used as a salary supplement, helping offset the growing disparity between salaries in private dentistry and those in academia, where salaries are typically much lower, according to Dr. Frank Caughman, chairman of the MCG Department of Oral Rehabilitation.

"We want to continue to bring the credibility and experiences gained in private practice into the academic environment," said Dr. Caughman. "And it is the private practitioners who are successful in their practices we want to put in front of our students. The contribution made by the Hinman Society allows MCG to use non-state moneys to aid in a one-time offer to prospective faculty."

Dr. George Schuette, chairman of the Hinman Society's Board of Trustees, agreed that recruiting dentists in private practice should significantly enhance students' education. "The contribution a dentist in private practice can make to a dental student's education is immeasurable," he said. "These private practitioners know how to balance dental techniques and capabilities with the demands of running a practice—information which can greatly enhance the student's education."

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School of Graduate Studies

Researchers Unravel Mysteries of Bone Growth

Toni Baker

Dr Jack Yu (third from right) with members of the craniofacial team

Key elements that cause the skull to grow in response to pressure have been found by researchers at the Medical College of Georgia.

This information helps explain how a healthy baby's skull grows in response to his increasing brain size and why a hydrocephalic baby's skull grows dramatically in response to abnormally high pressures inside.

"It is known that pressure applied to the skull affects skull shape," said Dr. James L. Borke, MCG physiologist. "What is not known is how pressure is transferred to bone growth."

To answer that question, Dr. Borke and Dr. Jack Yu, craniofacial surgeon at the MCG Children's Medical Center, have focused on the suture sites in the still-growing skull of newborn rats. A baby has many of these sutures, which are sites of bone growth between solid pieces of skull; a baby's 'soft spots' are where sutures meet.

Growth of the skull in the first few years of life is crucial to normal development and even survival. In the first six months of life, brain growth is rapid and continues at a decelerating pace until about age 3. "If you don't allow the volume [of the skull] to go up, the pressure inside the head is going to shoot up so high that it is incompatible with life," Dr. Yu said. After brain growth ceases, the skull eventually becomes a solid, protective mass of bone.

In the laboratory, the MCG researchers have documented that bone cells closest to the sutures stretch and become permeable when placed under tension. Fibroblast growth factor 2 is one of the first escapees through the newfound permeability and it triggers the series of events that allows the host cells as well as neighboring bone cells to grow, Dr. Yu said.

The researchers also have identified two proteins that play a role in bone's growth response to tension. Alpha smooth muscle actin tells the cell's internal mechanisms that the cell membrane has been stretched, Dr. Borke said. Alpha smooth muscle actin functions as part of the cell's skeleton, so when the cell is stretched, the skeleton moves, activating chemical reactions responsible for communicating the stretch, he said. A second protein, connexin 43, helps nearby cells, which aren't directly stretched, learn what's going on around them. Connexin 43 forms gap junctions, bridges between cells that are so small that most cellular components can't travel across.

But calcium and substances called second messengers can travel across gap junctions, communicate to the adjoining cell that stretching is taking place and signal the cells to respond by growing. "The suture may respond to stretching by communicating with the first bone cells on either side, then those bone cells are connected by gap junctions to other nearby bone cells so they can form this multi-cellular response," Dr. Borke said. "The whole [cellular] neighborhood can respond to the stretch."

"Form follows function," explained Dr. Yu. "Wherever cells gets stretched the most, they leak more of the things that make them grow. It's just a perfect, beautifully self-stabilizing model." Drs. Borke and Yu have shown in the laboratory that when tension is put on a suture, the two structural proteins and fibroblast growth factor 2 increase in number after bone cells are stretched. Dr. Borke noted that the three substances normally are present and play a

role in bone growth. It's only when pressure is abnormal, such as in hydrocephaly–when too much cerebrospinal fluid accumulates in the skull–that abnormal bone growth results.

Conversely, if there is decreased pressure inside the skull, the skull may not grow big enough. For example, if a shunt placed in a hydrocephalic baby to reduce excessive intracranial pressure removes too much fluid, the skull may not grow large enough for the fully developed brain. Premature fusion seems to occur spontaneously in other children, resulting in problems ranging from a misshapen head to a life-threatening condition. Dr. Yu, director of the Craniofacial Center at the MCG Children's Medical Center, regularly reshapes the skulls of these children in the operating room.

Now he and Dr. Borke have information about how growth occurs and are working to fine-tune their model and identify all the steps involved. They hope that by understanding the science of how growth occurs, doctors can better intervene when the growth goes awry.

Study Probes Calcium's Role in Heart Development

Deborah G. Steele

A study of how the heart uses calcium and how that calcium use relates to congenital heart disease will be the focus of a four-year research project by cell biologists at the Medical College of Georgia.

Researchers know that calcium is needed to regulate heartbeat—the contraction and dilation cycle of the heart muscle—and heart rate—the number of beats per minute. But they hope to learn how the contraction and relaxation of the heart cells, called excitation-contraction coupling, increases as the normal heart develops in utero. They will study the development of specific molecular components that regulate calcium.

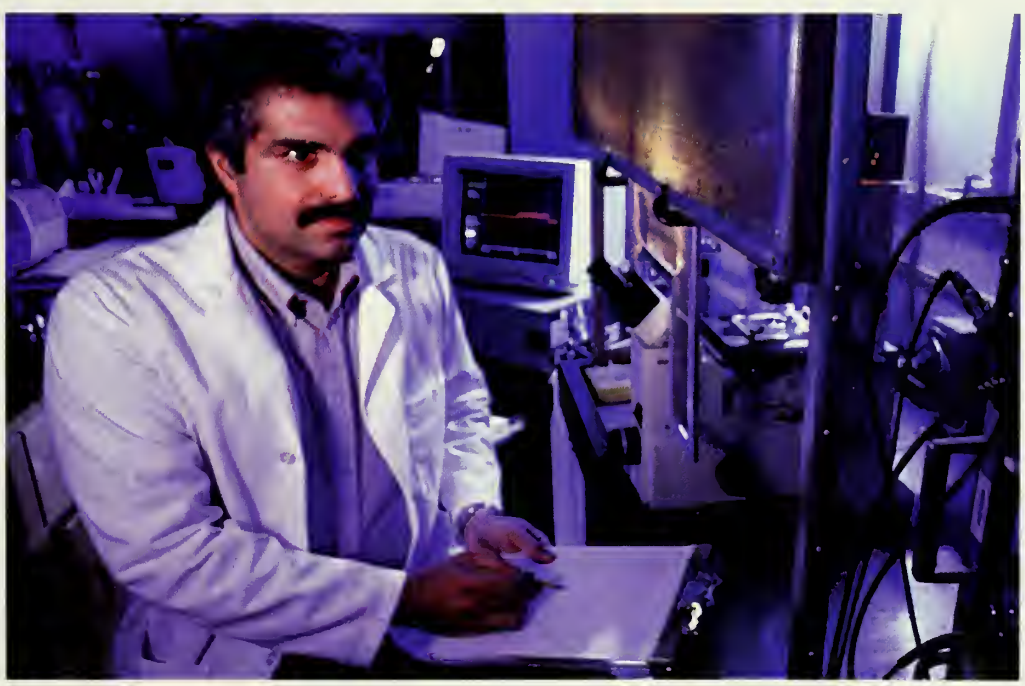
Each cell has a storage area for calcium, and when the cell is stimulated, calcium is released from the storage area and into the main part of the cell to prompt a heartbeat, according to Dr. Tony Creazzo, MCG cell biologist who received a four-year, $1.1 million grant from the National Institutes of Health for the study. To relax the cell, calcium has to quickly be taken back into the storage area.

"We need to understand the normal embryological development of calcium-handling mechanisms in the heart on a beat-by-beat basis," said Dr. Creazzo. "We will apply this knowledge of normal development toward the understanding of detrimental changes in calcium handling which appear to occur in congenital heart disease."

MCG researchers are interested in applying the information to their model of neural crest-associated heart defects. Neural crest cells migrate from the outer edges of the embryonic spinal cord and give rise to a variety of structures, including several essential to normal cardiovascular development. Calcium-handling mechanisms appear to be defective in fetal and newborn hearts with neural crest-associated anomalies.

The mechanisms that regulate calcium in a heart cell are intertwined with all aspects of cardiac function. The most direct effect, as researchers have discovered, is on the force of the heartbeat as well as the heart rate. Drugs used to treat arrhythmias affect the heart's ability to regulate calcium.

"This is a very vital process," said Dr. Creazzo. "It is anticipated that these studies will increase our knowledge and aid in the treatment of congenital heart disease as well as enhance understanding of normal heart development."



Dr. Tony Creazzo

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Dr. Ellison Receives Hardman Cup

Christine Hurley Deriso

Dr. Robert G. Ellison, Charbonnier Professor of Surgery Emeritus at the Medical College of Georgia, has received a Medical Association of Georgia Hardman Cup, the association's most prestigious award.

The association has presented 39 Hardman Cups since the award's inception in 1931 to individuals whose contributions to public health or whose surgical or medical discoveries have advanced the science of medicine. The award was established by Dr. Lamartine Griffin Hardman Sr., an 1876 MCG graduate and governor of Georgia from 1927 to 1931. The award was presented to Dr. Ellison May 15 at the association's annual meeting in Savannah, Ga.

After graduating in 1943 (March) from the University of Georgia School of Medicine (now MCG), Dr. Ellison completed an internship and surgical residency at MCG and Bellevue Hospital in New York. He then joined the MCG faculty, establishing the first dedicated cardiopulmonary and catheterization laboratory. Dr. Ellison also spearheaded MCG's open-heart surgery program and opened its first surgical intensive care unit, the Cardiothoracic Surgical Intensive Care Unit.

Dr. Ellison has been a member of the Richmond County Medical Society and the Medical Association of Georgia since 1949. He also is a member of the American College of Surgeons, the American College of Cardiology, American College of Chest Physicians, American Thoracic Society, Augusta Area Tuberculosis Association, Georgia Heart Association, Georgia Surgical Society, Georgia Tuberculosis Association, Southern

MCG medical students Carla Cunningham and Joseph Wilds (top) and Jared Friedman and Beth Shapiro react to news that they were among the 86 percent of MCG School of Medicine seniors who got one of their top three choices of residency sites. Match Day is held nationwide each spring to match medical school seniors with residency sites.

Thoracic Surgical Association, American Board of Thoracic Surgery and the Society of Thoracic Surgeons.

Dr. Ellison's wife of more than 50 years, Dr. Lois Taylor Ellison, is associate vice president for planning (hospital and clinics) at MCG. They have five children, three of whom are physicians.

Health Complex Named for Dr. Blissit

A new health complex in Henry County, Georgia has been named in honor of Dr. Joseph A. Blissit, a 1956 graduate of the Medical College of Georgia School of Medicine.

The Joseph A. Blissit Health Complex includes Henry County's physical and mental health department.

Dr. Blissit, who was named Henry County's Citizen of the Year this year by the Chamber of Commerce, has been a family practitioner in McDonough, Ga., since 1959. He also has served as the county physician and medical examiner since 1960. He was chairman of the Henry County Board of Health from 1960 to 1994.

Dr. Blissit has served as chief of staff of Henry General Hospital and is on the hospital's Board of Trustees. He is the medical director of Westbury Nursing Home. He is certified by the American Board of Family Practice and is a fellow of the American Academy of Family Physicians.

Dr. Blissit is a member of the American Medical Association, the Medical Association of Georgia, the Georgia Academy of Family Physicians and the Southern Medical Association.

Dr. Linder Named to Board

Toni Baker

Dr. Charles W. Linder, director of the Section of General Pediatrics and Adolescent Medicine at the Medical College of Georgia and a 1963 School of Medicine graduate, has been elected to the Board of Directors of the American Academy of Pediatrics.

Dr. Linder will serve a three-year term as the Southeastern United States' representative on the 10-member academy board. The academy represents 55,000 board-certified pediatricians.

Dr. Linder is a member of the academy's Committee on Government Affairs and chairman of its Southeastern district. He is a member of the Child Health Care Finance Committee of the academy's Georgia Chapter and was president of the Georgia Chapter from 1990-1993.

At MCG, he is a professor of pediatrics, associate dean in the School of Medicine and chief of staff for MCG Hospital and Clinics. He also is project director for the Children and Youth Project.

After graduating from MCG, he completed his pediatrics residency at Fitzsimmons General Hospital and Colorado General Hospital in Denver before returning to MCG for a fellowship in pediatric allergy and respiratory disease. He joined the MCG faculty in 1969.

Dr. Linder is a reviewer for the *Journal of Pediatrics, American Journal of Diseases for Children, Journal of Adolescent Health, The Physician and Sports Medicine,* the *Physician Executive Journal of Management* and *Patient Care (Medical Economics).*

Dr. Eppinger Dies at 52

Dr. Mark Eppinger ('72), president of the Annenberg Center for Health Sciences at Eisenhower Medical Center in Rancho Mirage, Calif., died Feb. 21.

He joined the Annenberg Center when it was founded in 1981, helping develop it into a premier facility for providing health care education to consumers, medical practitioners and other health care providers worldwide.

Dr. Eppinger was a board-certified medical illustrator and a fellow in the Association of Medical Illustrators. Before joining the Annenberg Center, he was tenured in the Department of Biomedical Communications and an assistant dean in the College of Associated Health Professions at the University of Illinois Medical Center at Urbana-Champaign. He enjoyed golf, tennis watercolor painting and woodworking.

Survivors include his wife, Colette, and their son, Bennett.

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Ms. Hiscox Named Association President

Deborah G. Steele

Medical College of Georgia School of Nursing student Kristen Hiscox has been elected president of the National Student Nurses' Association. She is the first NSNA president from the state of Georgia.

Ms. Hiscox is a junior at the MCG School of Nursing in Athens and first vice president of the Georgia Association of Nursing Students. She ran for vice president of the NSNA and was elected to that position. She also was elected to the presidency as a write-in candidate.

"It's truly an honor because I didn't run for president," said the 20-year-old from Martinez. "To think all of the voting members at the convention got behind me [is amazing]."

As president, Ms. Hiscox spoke during the June convention of the National League of Nursing and at the June meeting of the American Nursing Association. She also attended a celebration of the nursing profession in London this summer.

"We are very excited for Kristen Hiscox and know that she will do a fabulous job for the nursing students of Georgia and others across the nation," said Jason Ellis, president of the Georgia Association of Nursing Students. "The GANS Board is extremely proud of Kristen's work and is anxiously awaiting the changes that will come forth due to her leadership on the national level."

Kristen Hiscox

MCG School of Nursing Dean Vickie Lambert said, "We are all very proud of Ms. Hiscox and her strong leadership. She will do an excellent job representing the state of Georgia."

Ms. Hiscox, a dean's list student and part-time employee at Athens Regional Medical Center, is the daughter of Donald and Kelly Zahaba of Martinez.

Researchers Study Behavioral Symptoms of Dementia

Deborah G. Steele

One of the most vexing and heartbreaking aspects of dementia is disruptive behavior, such as screaming or hitting, that seems to defy explanation. A Medical College of Georgia researcher hopes that shedding light on such behavior will ease the plight of both demented patients and their care-givers.

Dementia, or mental deterioration, affects as many as 50 percent of those age 85 and older. Dementia is the fourth-leading cause of death among the elderly, and more than half of those in nursing homes have a form of dementia, such as Alzheimer's disease.

Dr. Ann Kolanowski, chairman and professor of adult nursing at the Medical College of Georgia, has received a grant from the National Institute of Nursing Research to help understand why those with dementia behave the way they do. She will work with colleagues at the University of Michigan and the University of Arkansas to probe behavioral symptoms of dementia such as physical aggression, wandering and disruptive vocalizations like screaming.

"All of us are interested in some of the behavioral problems that occur with a good deal of frequency in demented elders," Dr. Kolanowski said.

They will develop a model to help determine which factors are the root cause of the behaviors of demented patients. The group hopes to develop intervention techniques to help people respond to those behaviors appropriately.

"It might mean the patient doesn't understand verbal communication," she said. "We may need to gesture; we may need to lower the noise in the environment; we may need to make sure the lighting is sufficient so demented people aren't responding to shadows. There are lots of dif-

ferent interventions that can be developed based on this model."

The model is a paper description of the behaviors exhibited by those with dementia that should prove useful to the research group as they look at background factors–areas of the brain affected by dementia, cognitive difficulties resulting from the disease, past personality of the individual—and proximal factors—lighting, noise levels, social environment, interaction with and facial expressions of caretakers–that they believe have a high potential for explaining some of the behaviors.

"Another very big factor is some physiological and psychological needs that people have that they can't express because of language problems that develop with dementia," Dr. Kolanowski said. "If you have someone who can't speak and he's lashing out, it could be because he is in a lot of pain and can't express that; he can't tell you his arthritis is bothering him today. When you go to move someone or help them, instead of telling you that, they lash out or scream."

According to Dr. Kolanowski, 50 to 90 percent of those with dementia exhibit some of these behaviors—screaming, kicking, hitting, wandering—and the behavior is one of the main reasons, she says, that people are institutionalized.

"Families can usually handle memory problems, but it gets very difficult to handle someone who is hitting or kicking you every time you bathe or dress them," she said.

Dr. Kolanowski hopes the findings will improve the quality of life for dementia patients and their families.

"This is probably going to be the disease of the next century," she said. "That's a problem, and how do you respond to it?"

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Year in Review

The Balanced Budget Act…Diagnosis Related Groups…health care reform…managed care… reduced inpatient utilization: All are affecting the health care delivery system and particularly academic medical centers nationwide.

The Medical College of Georgia Hospital and Clinics is no exception. Adjusting its budget to compensate for these external forces was a major focus throughout fiscal 1999—with one important stipulation: Patient care and patient care services would not be compromised. The efforts were successful.

The hospital cut more than $7 million from its $246.5 million budget through performance improvement efforts, teamwork and cooperation, allowing a balanced budget by the year's end. Next, the proposed fiscal 2000 budget had to be cut by at least $11 million. This, too, was accomplished. Further reductions of up to $22.5 million, which management hopes will result largely from an early-retirement program approved by the University System of Georgia Board of Regents in August, will be made during the fiscal year. To further cut costs, the hospital's outpatient pharmacy has been reorganized.

Through it all, high-quality patient care, a key component in MCG's overall mission, remains paramount.

Award-Winning CMC

The MCG Children's Medical Center, where children throughout Georgia and beyond receive primary and specialty care, opened in December. Patients were moved into the award-winning facility Dec. 8. The pediatric intensive care unit and operating rooms moved into the CMC in January, closely followed by other services, including pediatric emergency services.

The CMC has an overall occupancy rate of 70 percent, with the 36-bed neonatal intensive care unit staying close to capacity at 81 percent. The winter census peak surpassed that of previous years and exceeded predictions. Fifty-one pediatricians and surgeons, including MCG and community physicians, have CMC admitting privileges.

A helideck on the CMC roof was put into service in April, with adult and pediatric patients transferred from other hospitals or flown directly from accident sites to receive trauma or specialty care at MCG.

Putting Families First

The NICU treats critically ill newborns throughout Georgia, South Carolina and parts of Alabama and Florida. While many parents can, and do, spend a great deal of time with their hospitalized children, others are often distanced from their babies by circumstances beyond their control. The average NICU length of stay is two to three weeks, but many babies spend months in the unit and are often hundreds of miles from home. The NICU installed a new videoconferencing system to enable family members to see and hear their infants and communicate with their health care providers when they can't be with them in person.

Another program to help CMC patients' families and friends keep in touch is "Get Well E-mail," made available this year through the MCG home page on the Internet.

Full implementation of family-centered maternity care continued this year with a second grant from the Nathan Cummings Foundation. Innovations included workshops for perinatal staff members; a "Coffee and Conversation" evening with consumers whose ideas will help structure a Perinatal Advisory Group; and groundwork for pairing mothers and newborns with a single nurse throughout their hospitalization.

Service for Seniors

The MCG Center for Senior Health opened in July 1998 in west Augusta to offer comprehensive medical services and consultations to those age 55 and older. Services include primary care, a long-term care program offering comprehensive health and community services for chronically ill adults, an adult day-care center, individual counseling and educational programs. A health fair in June provided free diabetes, vision and blood pressure screenings; bone density and breast exam-

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Hugs and Kisses,
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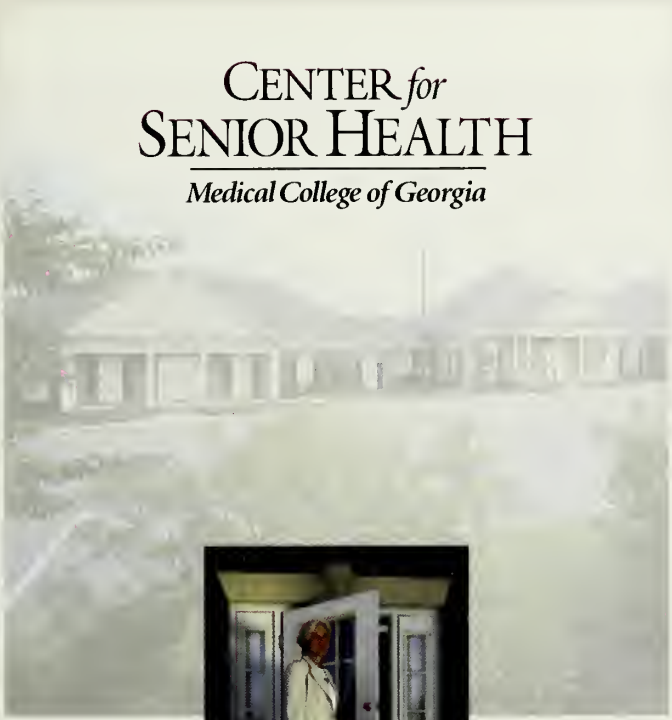
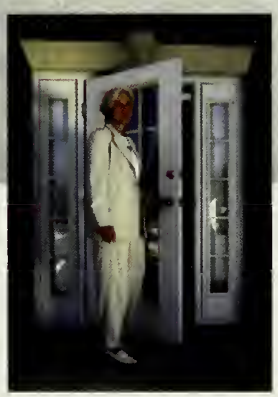




inations; and consultation about concerns such as joint replacement, diabetes management and Alzheimer's disease.

On Top of the Game

The new MCG Center for Sports Medicine opened in February to help athletes of all ages and performance levels recover from injuries and continue their sports. The staff–including orthopedic surgeons, physician assistants, physical therapists, athletic trainers and a family medicine physician—also provides sideline care for area school teams, including a 24-hour hotline for coaches when an injury occurs. The building has seven examination rooms, a plaster room, a patient education room and hydrotherapy room. The state-of-the-art rehabilitation area has separate areas for those just getting back to physical activity and those further along in their recovery. Trainers help runners enhance their form on an 8-foot-wide track.

A Commitment to Excellence

The MCG Hospital and Clinics obtained a gamma knife this year to destroy inoperable brain tumors, malformed blood vessels that impede blood flow in the brain and areas of the brain where seizures originate.

The Joint Commission on the Accreditation of Health Care Organizations granted MCG Hospital and Clinics full three-year accreditation this year—a testament to the hospital's competence and quality. The American College of Surgeons Commission on Cancer awarded MCG's Cancer Program four-year accreditation.

An MCG Hospital and Clinics task force has been working to ensure that patient care will not be compromised when the new millennium dawns. Working closely with the nationally recognized MCG Year 2000 Project and department managers, the task force conducted an equipment inventory to ensure Y2K compliance. Contingency planning was completed in August to prepare staff for any eventuality. For instance, staff members are being trained to perform tasks manually in areas where automation and technology have replaced manual processes.

In addition, through the Year 2000 Project, MCG Hospital and Clinics is participating in a Community Healthcare Awareness Team—a volunteer collaboration of professionals from area hospitals exploring common Y2K concerns, helping develop solutions for problems and identifying challenges that require interorganizational decision-making or regional leadership to resolve.

A Team Effort

Hospitals nationwide are feeling the effects of a nursing shortage, and hospital administration is bolstering its efforts to recruit experienced nurses.

The hospital's Education Department offered a refresher course last spring for registered nurses wanting to reinstate their licenses. Nurses in adult care units were invited to receive pediatric training during low census periods on their home units. A training program will be offered soon for experienced nurses desiring to learn operating room nursing procedures. Another pediatric training program is being designed for patient care assistants working in other areas of MCG Hospital and Clinics.

Job satisfaction continues to be a high priority at MCG Hospital and Clinics. Employee task forces have been working since November on suggestions for improvements identified in a 1998 organizational climate survey. Hospital management has met throughout the year with a Minority Concerns Task Force to discuss minority concerns and diversity issues.

Lending a Hand

MCG Hospital and Clinics also continues to be active in community initiatives. More

MCG SATELLITE CLINICS

Albany, Ga., Albany Adult Sickle Cell Clinics
Albany, Ga., Albany Pediatric Sickle Cell Clinics
Albany, Ga., Albany Pediatric Infectious Disease Clinic
Albany, Ga., Albany Pediatric Nephrology Clinic
Albany, Ga., Albany Pediatric Pulmonology Clinic
Albany, Ga., Phoebe Putney Hospital Neonatal Nursery Telemedicine Site
Albany, Ga., Phoebe Putney Memorial Hospital Telemedicine Site

Americus, Ga., Sumter Regional Hospital Telemedicine Site
Athens, Ga., Athens Child Neurology Clinic
Athens, Ga., Athens Pediatric Endocrinology Clinic
Athens, Ga., Athens Pediatric Genetics Clinic
Athens, Ga., Family Counseling Services of Athens Telemedicine Site
Atlanta, Ga., Metro State Prison–Telemedicine Site
Atlanta, Ga., Emory University Hospital Telemedicine Site
Augusta, Ga., Salvation Army Family Medicine Clinic
Augusta, Ga., Daniel Village Adult Neurology Clinic
Augusta, Ga., Daniel Village Child Neurology Clinic
Augusta, Ga., Walton Rehabilitation Child Neurology Clinic
Augusta, Ga., Augusta State Medical Prison–Psychiatry/Health Behavior
Augusta, Ga., Youth Detention Center–Psychiatry/Health Behavior
Augusta, Ga., Daniel Village Neurosurgery Clinic
Blakely, Ga., Early Memorial Hospital Telemedicine Site
Brunswick, Ga., Brunswick Pediatric Cardiology Clinic
Brunswick, Ga., Brunswick Pediatric Sickle Cell Clinic
Cairo, Ga., Grady General Hospital Telemedicine Site
Camilla, Ga., Mitchell County Hospital Telemedicine Site
Columbus, Ga., Jack T. Rutledge State Prison Telemedicine Site
Crawfordville, Ga., Tri-County Family Medicine Clinic
Donalsonville, Ga., Donalsonville Hospital Telemedicine Site
Dublin, Ga., Kidz Clinic Child Neurology Clinic
Dublin, Ga., Dublin Pediatric Cardiology Clinic
Dublin, Ga., Dublin Pediatric Endocrinology Clinic
Dublin, Ga., Dublin Pediatric Gastroenterology Clinic
Dublin, Ga., Dublin Pediatric Hemophilia Clinic
Dublin, Ga., Dublin Pediatric Sickle Cell Clinic
Dublin, Ga., Dublin Pediatric Nephrology Clinic
Dublin, Ga., Dublin Pediatric Pulmonology Clinic
Eastman, Ga., Dodge County Hospital Telemedicine Site
Fitzgerald, Ga., Dorminy Medical Center Telemedicine Site
Fort Gordon, Ga., Fort Gordon Pediatric Cardiology Clinic
Fort Gordon, Ga., Fort Gordon Pediatric Genetics Clinic
Gainesville, Ga., Gainesville Children's Medical Services Child Neurology Clinic
Gibson, Ga., Tri-County Family Medicine Clinic
Gracewood, Ga., Gracewood State School and Hospital Telemedicine Site

than 130 MCG faculty and staff walked in the American Cancer Society's Relay for Life; 75 represented MCG in the Alzheimer's Association's Memory Walk. Others walked, ran or rode bicycles in events to raise awareness and dollars to fight heart disease, diabetes and other diseases. Staff members provided volunteer support for sports and boating events.

MCG Hospital and Clinics also supported the Junior League's Festival of Trees benefiting education and philanthropic activities throughout the community. The annual American Red Cross and MCG Community Health Fair offered health screenings and health information. MCG also implemented numerous community education programs, including Food Play, a national award-winning nutriton theater show, offering many topics and experts to answer health-related questions.

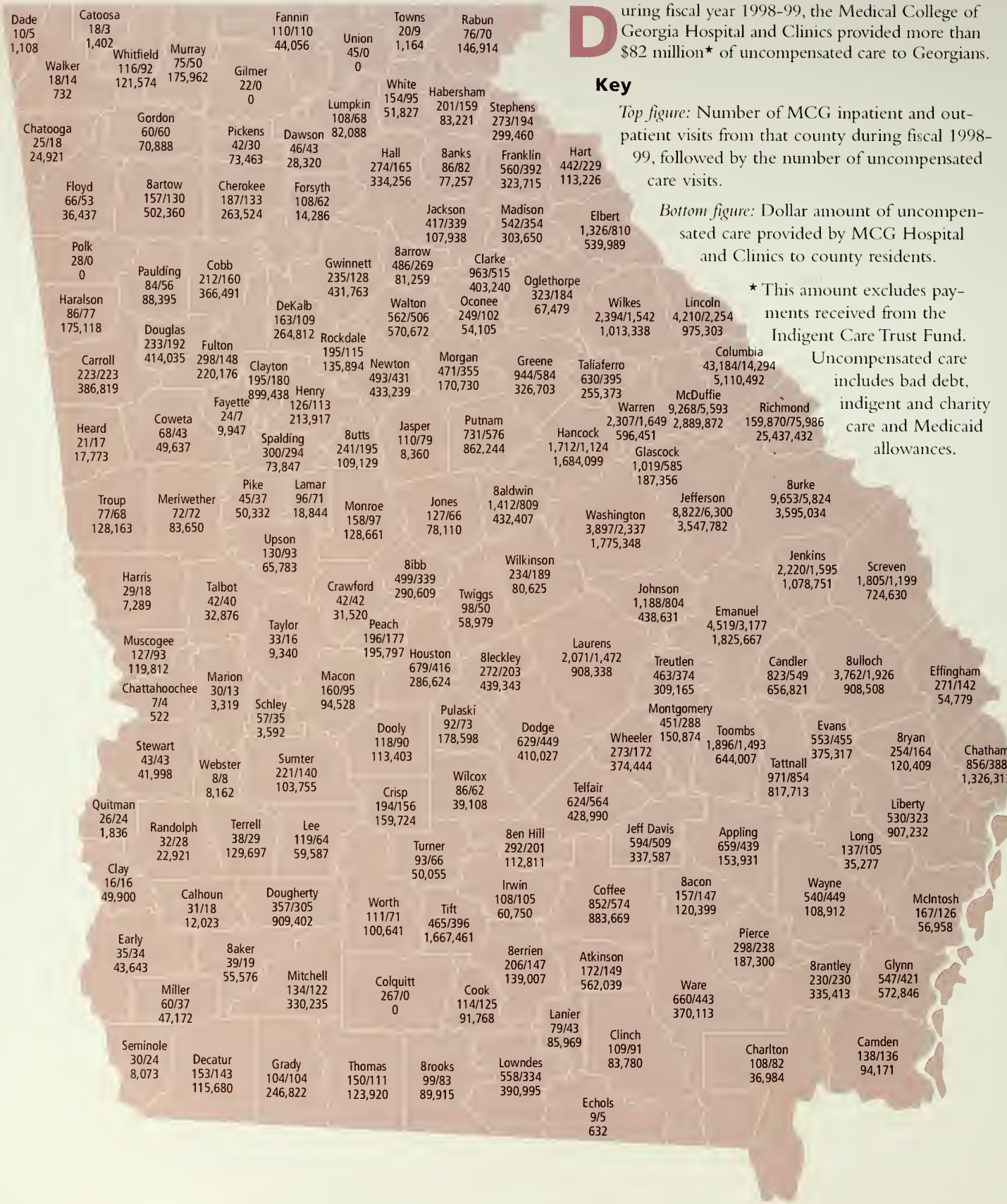
MCG Hospital and Clinics greatly values its relationship with community organizations and its role as a health care resource for citizens throughout Georgia and beyond.

ND TELEMEDICINE SITES

Grovetown, Ga., Augusta State Medical Prison Cardiology Clinic
Grovetown, Ga., Augusta State Medical Prison Telemedicine Site
Hardwick, Ga., Men's State Prison–Hardwick Telemedicine Site
Hawkinsville, Ga., Taylor Child Neurology Clinic
Hinesville, Ga., Liberty Regional Medicine Center Telemedicine Site
Jackson, Ga., Georgia Diagnostic and Classification Prison Telemedicine Site
Jesup, Ga., Wayne Memorial Hospital Telemedicine Site
Louisville, Ga., Jefferson Prenatal Center
Macon, Ga., Macon Adult Sickle Cell Clinic
Macon, Ga., Macon Pediatric Sickle Cell Clinic
Macon, Ga., Medical Center of Central Georgia Telemedicine Site
Milledgeville, Ga., Central State E.N.T. Clinic
Milledgeville, Ga., Georgia College and State University Telemedicine Site
Moultrie, Ga., Moultrie Pediatric Cardiology Clinic
Moultrie, Ga., Colquitt Regional Medical Center Telemedicine Site
Quitman, Ga., Brooks County Hospital Telemedicine Site
Reidsville, Ga., Georgia State Prison Telemedicine Site
Sandersville, Ga., Sandersville Rural Outreach Cardiology Clinic
Sandersville, Ga., Sandersville Rural Outreach Hematology/Oncology Clinic
Sandersville, Ga., Sandersville Adult Neurology Clinic–Washington Memorial Hospital
Sandersville, Ga., Sandersville EMG Clinic
Savannah, Ga., Savannah Adult Sickle Cell Clinic
Savannah, Ga., Savannah Pediatric Endocrinology Clinic
Savannah, Ga., Savannah Pediatric Genetics Clinic
Savannah, Ga., Savannah Pediatric Pulmonology Clinic
Savannah, Ga., Memorial Health University Medical Center Telemedicine Site
Sparta, Ga., Tri-County Family Medicine Clinic
Statesboro, Ga., Bulloch Child Neurology Clinic
Statesboro, Ga., Statesboro Children's Medical Services Child Neurology Clinic
Statesboro, Ga., Statesboro Pediatric Allergy/Immunology Clinic
Statesboro, Ga., Bulloch Pediatric Gastroenterology Clinic
Statesboro, Ga., Statesboro Pediatric Nephrology Clinic
Statesboro, Ga., Statesboro Pediatric Pulmonology Clinic
Statesboro, Ga., Bulloch Pediatric Special Child Clinic
Statesboro, Ga., Statesboro Children's Medical Services Orthopaedic Clinic
Swainsboro, Ga., Swainsboro Rural Outreach Cardiology Clinic
Swainsboro, Ga., Emanuel County Medicine Clinic (Primary Care Community Health Center)
Swainsboro, Ga., Emanuel County Hospital Telemedicine Site
Thomasville, Ga., Thomasville Child Neurology Clinic
Thomasville, Ga., Thomasville Pediatric Cardiology Clinic
Thomasville, Ga., Thomasville Pediatric Gastroenterology Clinic
Thomasville, Ga., Thomasville Pediatric Pulmonology Clinic
Thomasville, Ga., John D. Archbold Memorial Hospital Telemedicine Site
Thomson, Ga., Family Eye Care Associates–Retina Consultation Services
Tifton, Ga., Tifton Pediatric Cardiology Clinic
Valdosta, Ga., Valdosta Children's Medical Services Pediatric Cardiology Clinic
Valdosta, Ga., Valdosta Pediatric Endocrinology Clinic
Valdosta, Ga., Valdosta Pediatric Sickle Cell Clinic
Valdosta, Ga., Valdosta Pediatric Pulmonology Clinic
Valdosta, Ga., Valdosta Children's Medical Services Orthopaedic Clinic
Valdosta, Ga., Valdosta State Prison Telemedicine Site
Valdosta, Ga., South Georgia Medical Center Telemedicine Site
Warrenton, Ga., Tri-County Family Medicine Clinic
Warrenton, Ga., Tri-County Health System Inc. Telemedicine Site
Waycross, Ga., Waycross Adult Sickle Cell Clinic
Waycross, Ga., Waycross Child Neurology Clinic
Waycross, Ga., Waycross Pediatric Allergy/Immunology Clinic
Waycross, Ga., Waycross Pediatric Genetics Clinic
Waycross, Ga., Waycross Pediatric Hematology/Oncology Clinic
Waycross, Ga., Waycross Pediatric Sickle Cell Clinic
Waycross, Ga., Waycross Pediatric Pulmonology Clinic
Waycross, Ga., Waycross Pediatric Special Child Clinic
Waycross, Ga., Waycross Children's Medical Services Neurosurgery Clinic
Waycross, Ga., Waycross Children's Medical Services Orthopaedics Clinic
Waycross, Ga., Southeast Heatlh Unit Telemedicine Site
Waycross, Ga., Satilla Regional Medical Center Telemedicine Site
Wrightsville, Ga., Johnson County Medical Clinic (Primary Care Community Health Center)
Wrightsville, Ga., Community Health Center Telemedicine Site

Aiken, S.C., Aiken Pediatric Rehabilitation
Anderson, S.C., Anderson Pediatric Rehabilitation
Greenwood, SC., Greenwood Pediatric Rehabilitation

SERVICE TO GEORGIANS



During fiscal year 1998-99, the Medical College of Georgia Hospital and Clinics provided more than $82 million* of uncompensated care to Georgians.

Key

Top figure: Number of MCG inpatient and outpatient visits from that county during fiscal 1998-99, followed by the number of uncompensated care visits.

Bottom figure: Dollar amount of uncompensated care provided by MCG Hospital and Clinics to county residents.

* This amount excludes payments received from the Indigent Care Trust Fund. Uncompensated care includes bad debt, indigent and charity care and Medicaid allowances.

Leave a Legacy

In many areas of our country, a promotion is under way encouraging peoples of all walks of life to establish a provision in their wills benefiting a charitable cause. This is not the type of activity most people would think generates much enthusiasm, but upon self-reflection, we agree it is important.

The Medical College of Georgia Foundation is participating in this program, known as Leave a Legacy Georgia. Leave a Legacy, a statewide and nationwide campaign, is a collaborative effort between non-profit organizations, financial and estate-planning professionals and media outlets. The goal of Leave a Legacy Georgia is to communicate that by creating a personal legacy, each one of us can make a difference in our community.

The Planned Giving Office at the Medical College of Georgia has shared in this vision for many years. We are very excited to help alumni and friends define the future Medical College of Georgia through gifts from their estates. In the 1990s alone, the assets held in the Medical College of Georgia Foundation, Inc. have grown from $10 million to more than $100 million. These assets provide a more secure financial base for this institution.

These monies are more than just indicators of people's belief in MCG's future; they represent a love for the institution, an appreciation for the education provided, a thank you to a caring faculty, a hopeful investment for the betterment of health care and a willingness to share in future generations. We are not so naive as to ignore the benefits of the tax savings, but our experience is that behind every gift is a well-thought-out desire to build on the future of MCG.

We ask you to consider the place the Medical College of Georgia holds in your life, what it has contributed to your life, your role in its future and your intentions for the assets of your estate. For many people, this process leads them to consider a gift to the Medical College of Georgia Foundation in their estate plans.

For information on planning your legacy, please contact Bruce Howerton or Troy Breitmann at 800-869-1113. We will be happy to assist you with ways to include the Medical College of Georgia Foundation in your overall financial and estate plans.

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 1999

	Unrestricted			
	Educational and General	Auxiliary Enterprises	Restricted	TOTAL CURRENT FUNDS
Revenue				
Educational and General Revenues				
Student Tuition and Fees	$ 9,401,334.85			$ 9,401,334.85
Federal Appropriations				0.00
State Appropriations	162,952,395.00			162,952,395.00
Equipment/Technology/Construction Trust Fund	582,000.00			582,000.00
Local Appropriations				0.00
Federal Grants and Contracts	3,025,671.02		14,748,404.23	17,774,075.25
State Grants and Contracts	54,948.75		94,819,097.72	94,874,046.47
Local Grants and Contracts			615,611.58	615,611.58
Private Gifts, Grants and Contracts	574,557.17		40,763,027.24	41,337,584.41
Investment Income				
Endowment			78,260.15	78,260.15
Other				0.00
Sales and Services				
Educational Activities	4,717,343.96			4,717,343.96
Hosptial and Clinics	209,263,513.89			209,263,513.89
Other Sources	3,321,859.33			3,321,859.33
Total Educational and General Revenues	393,893,623.97	0.00	151,024,400.92	544,918,024.89
Sales and Services of Auxiliary Enterprises		5,135,850.68		5,135,850.68
TOTAL REVENUES	**393,893,623.97**	**5,135,850.68**	**151,024,400.92**	**550,053,875.57**
Expenditures and Mandatory Transfers				
Educational and General Expenditures				
Instruction	105,399,620.52		39,453,904.51	144,853,525.03
Research			17,820,445.00	17,820,445.00
Public Service	2,466,430.62			2,466,430.62
Academic Support	10,636,328.00		554,501.11	11,190,829.11
Student Services	1,777,161.65			1,777,161.65
Institutional Support	14,317,852.65		1,560,966.20	15,878,818.85
Operation and Maintenance of Plant	12,744,969.06			12,744,969.06
Scholarships and Fellowships	1,161,750.95		1,240,700.00	2,402,450.95
Hospital and Clinics	244,147,870.93		90,393,884.10	334,541,755.03
Total Educational and General Expenditures	392,651,984.38	0.00	151,024,400.92	543,676,385.30
Auxiliary Enterprises Expenditures		4,371,697.33		4,371,697.33
Mandatory Transfers				0.00
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	**392,651,984.38**	**4,371,697.33**	**151,024,400.92**	**548,048,082.63**
Other Transfers and Additions/Deductions				
Excess Restricted Receipts Over Transfers to Revenues			5,137,189.32	5,137,189.32
Non-Mandatory Transfers		(338,954.45)		(338,954.45)
Adjustments—Prior Year	543,647.61	1,289.28		544,936.89
Lapse of Surplus—Prior Year				
To State Treasury—General Funds	(335,546.88)			(335,546.88)
To State Treasury—Lottery Funds/Regular	(6,489.06)			(6,489.06)
TOTAL OTHER TRANSFERS AND ADDITIONS/DEDUCTIONS	**201,611.67**	**(337,665.17)**	**5,137,189.32**	**5,001,135.82**
NET INCREASE (DECREASE) IN FUND BALANCES	**$1,443,251.26**	**$426,488.18**	**$5,137,189.32**	**$7,006,928.76**

Thank You, Donors

President's Club

President's Level

Members of the club's President's Level have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club.

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Dr. and Mrs. Gordon W. Jackson
Mr. and Mrs. Duncan N. Johnson
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Mrs. Rita Goldstein Wolfson
Drs. Charles H. and Betty B. Wray

*Deceased

The Medical College of Georgia hosts a dinner every fall to honor members of the President's Club. Scenes from the 1998 dinner are featured on the following pages.

Founder's Level

The following members of the President's Club at the Founder's Level have made lifetime contributions of $10,000 to $49,999.

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Mr. and Mrs. R. Thomas Ambrose
Dr. and Mrs. W. Jackson Atha Jr.
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Dr. Mims C. Aultman
Mr. and Mrs. Jack Bandy
Dr. and Mrs. Raymond C. Bard
Dr. and Mrs. James T. Barenie
Dr. and Mrs. Fred Donald Bass
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Dr. and Mrs. Eugene F. Binet
Dr. William R. Birdsong*
Mr. and Mrs. Robert S. Bissell Jr.
Mr. James A. Blissit
Dr. Joseph A. and Rev. Dr. Janice L. Blissit
Mrs. Lois H. Bohler
Dr. and Mrs. J. Larry Boss
Dr. and Mrs. Talmadge A. Bowden Jr.
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Dr. and Mrs. Mercer T. Bridges Sr.
Mrs. Mary W. Burnett
Dr. and Mrs. Charles G. Burton
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Dr. and Mrs. Cliff L. Cannon Jr.
Dr. and Mrs. Nelson S. Carswell Jr.
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Dr. and Mrs. Joseph Bryan Chastain
Mr. and Mrs. Cassius M. Clay
Dr. Gordon Blake Collins
Dr. and Mrs. James Emmett Collins
Dr. and Mrs. William C. Collins
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Dr. Leila D. Denmark
Dr. and Mrs. Howard Clifton Derrick Jr.
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Dr. and Mrs. Jewell B. Duncan
Dr. and Mrs. Wallace S. Edwards
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Dr. Fort F. Felker Jr.
Dr. and Mrs. Paul M. Finer
Dr. and Mrs. James F. Flanders Jr.
Dr. and Mrs. Herman F. Flanigin Jr.
Mr. and Mrs. Eugene Fleischer
Drs. Murray A. and Sandra N. Freedman
Dr. and Mrs. Atwood McGowen Freeman Jr.
Dr. and Mrs. Gerald M. Freeman
Dr. and Mrs. William E. Freeman
Dr. and Mrs. Thomas R. Gadacz
Dr. and Mrs. R. Don Gambrell Jr.
Dr. and Mrs. Gregory L. Gay
Dr. and Mrs. James William Gay
Dr. and Mrs. Garnett J. Giesler Jr.
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Dr. Donald D. Gold
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Dr. Samuel M. Goodrich and Mrs. Ellen Schneider Goodrich
Mrs. Dorothy Royal Gower
Dr. and Mrs. Frank B. Graham III
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Dr. and Mrs. Lowell M. Greenbaum
Dr. and Mrs. James R. Gregory
Dr. and Mrs. Louie H. Griffin Jr.
Dr. Marshall A. Guill III and Dr. Margaret F. Guill
Dr. and Mrs. Billy S. Hardman
Dr. and Mrs. Thomas F. Hardman
Dr. and Mrs. Sterling A. Harris Jr.
Dr. Patricia L. Hartlage
Dr. Melvin L. Haysman and Mrs. Roberta Kamine-Haysman
Dr. and Mrs. Dariush H. Heidary
Dr. and Mrs. Paul E. Henson Jr.
Dr. and Mrs. Loy G. Hicks Jr.
Mr. and Mrs. James F. Hilliard
Dr. and Mrs. Charles F. Hobby Sr.
Mr. and Mrs. R. Eugene Holley
Dr. and Mrs. John E. Horvath
Dr. and Mrs. Jerry W. Howington
Dr. and Mrs. William D. Hughes
Dr. C. M. Hutchinson
Mr. and Mrs. Harold C. Jackson
Dr. and Mrs. Floyd C. Jarrell Jr.
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Dr. David C. Jerram*
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Dr. and Mrs. Lawson C. Johnson Sr.
Dr. and Mrs. John Paul Jones
Dr. and Mrs. William P. Kanto Jr.
Dr. and Mrs. Terry Vern Kelley
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Dr. Phyllis J. O'Neal *
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Schilling Jr.
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Mr. O. L. Shaffner
Mrs. Mitzi J. Shane
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Drs. Mark M. and
Joyce N. Shoemaker
Dr. Jerome H. and Beverly Siegel
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Mrs. Louise M. Wright
Mr. Weldon Wyatt
Dr. Thomas J. Yeh
Dr. Neal F. Yeomans*
Mrs. Neal F. Yeomans
Dr. and Mrs. George G. Young
Dr. and Mrs. Timothy R. Young

*Deceased

Partner's Level

The following members of the President's Club have attained Partner's Level membership through their gifts of $1,000 or more during fiscal 1998-99.

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Dr. and Mrs. J. Michael Ash
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Dr. and Mrs. Darshan S. Bhatia
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Dr. and Mrs. Mark F. Ellison
Dr. and Mrs. Robert Gordon
Ellison Jr.
Dr. and Mrs. Robert A. Erdin Jr.
Mr. and Mrs. Richard D. Fishback
Dr. Margaret H. Fitch
Ms. Fredericka M. Flynt
Dr. Lawrence J. Freant
Ms. Octavia Garlington
Dr. and Mrs. Barry D. Goldstein
Dr. and Mrs. Hugh T. Greenway Jr.
Dr. and Mrs. Shelley A. Griffin
Dr. and Mrs. Frank D. Guillebeau
Mr. and Mrs. Daniel L. Gwinn
Mr. and Mrs. Richard E. Haas
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Drs. Walter F. and Sharon C. Kuhn
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The following businesses and foundations have contributed $1,000 or more during fiscal 1998-99.

Abbott Laboratories
ABCOMM Inc.
Accent On Hair
AD-Tech Medical Instrument Corp.
AFLAC Inc.
Alcon Laboratories Inc.
Allergan Inc.
American Health Consultants
American Dairy Queen Corp.
American Express Foundation
Amgen Inc.
Arthur Vining Davis Foundation
Astra Pharmaceuticals
Augusta Chapter Credit Union
Augusta Newsprint Co.
B. Braun Medical Inc.
Barham-Calhoun Memorial Foundation
Bayer Corporation
BellSouth
Berlex Laboratories
Bi-Lo
Biogen Inc.
Bob Richards Chevrolet Inc.
Boehringer Ingelheim Pharmaceuticals
Books Are Fun, LTD.
Bristol-Myers Squibb Co.
Carl J. Herzog Foundation Inc.
Centeon Management LLC
Centocor Inc.
Childhood Leukemia Foundation
CIBA Vision Corporation
Clinical Communications Group Inc.
Coca Cola USA
Cogh Inc.
Colgate-Palmolive Co.
CoMed Communications
CSRA Federal Credit Union
CSRA Medical Managers Association
Cullum Foundation
CVS Pharmacies
Cytrx Corporation
Division of Satilla Health Services Inc.
Dorothy Mustin Buttolph Foundation
Drew Exposition
Elan Pharmaceuticals
Eli Lilly & Co.
Enterprise Rent-A-Car
Frigidaire Home Products
G.D. Searle
Genentech Inc.
Genetics Institute
Georgia Academy Of General Dentistry
Georgia Association of Pathologists
Georgia Dental Education Foundation Inc.
Georgia Forestry Association
Georgia Power Foundation Inc.
Glaxo Wellcome Inc.
Gracewood Federal Credit Union
Greene-Sawtell Foundation
Health 1st Foundation Inc.
Health Care Services Inc./ First Choice Medic
Health Science Communications Inc.
Herrington & Associates
Hoechst Marion Roussel Inc.
Hoffman-LaRoche Inc.
Icos Corp.
James Brice White Foundation
Janssen Pharmaceutica
Kicks-99
Knoll Pharmaceutical/BASF Corp.
KOA Care Camps
Kroger
LaPetite Academy
Macuch Steel Products Inc.
Martinez Merchants
Mason (Carlos & Marguerite) Trust
Medical College of Georgia Public Safety/Parking Office
Medimmune Inc.
Medtronic
Meeting Expectations
Merck & Company Inc.
Merck
Merz Pharmaceuticals
Monsanto
Mulherin Enterprise Inc./ Dairy Queen
Musculoskeletal Transplant Foundation
Nell Warren & Wm. Simpson Elkin Foundation
Nephrology Associates
Nobel Biocare
Novartis Nutrition Corporation
Novartis Pharmaceuticals Corp.
Nutrasweet Co.
Olin Corporation Charitable Trust
Olympus America Inc.
Organon/Akzo Nobel
Ortho-Biotech Inc.
Ortho-McNeil Pharmaceutical
Osmond Foundation
Parke-Davis
PCI
Pfizer Inc.
Pharmacia & Upjohn Co.
Pharmedica Communications Inc.
Phase Five Communications Inc.
Pieceful Hearts Quilters
Plainsboro Marketing Group
Powertel Inc.
Publix Super Markets Inc.
RCI Cantina, LLC
Regions Financial Corp.
Respironics
Rhone-Poulenc Rorer Pharmaceutcial Inc.
Rich's
Roche Laboratories/LaRoche
Ross Laboratories
S & S Vending Inc.
Samsons Manufacturing Co. Inc.
Sander and Ray Epstein Charitable Foundation
Schering Laboratories
Searle/Monsanto
Sercurity's Lending Hand Foundation
Shriners Hospitals For Crippled Children

Silver Bluff High School
Slack Inc.
Smith & Nephew Richards Inc.
SmithKline Beecham Corp.
South Carolina Forestry Association
Southeast Forest Products
Southeastern Tool
Southern Orthopaedic Association
Southern Beverage Packers Inc.
St. Jude Medical Inc.
Sunrise Health Management
SunTrust Bank of Augusta
T-Bonz
Tampa Orlando Pinellas
Jewish Foundation
Tap Pharmaceuticals Inc.
The Creel Foundation
The Knights Templar Educational Foundation of Georgia Inc.
The New York Community Trust
The Robert W. Woodruff Foundation Inc.
Tree Of Hope Foundation
Turner Keyboards
US Bioscience
W.R. Grace & Co.
Warner-Lambert
Company/Parke- Davis
Wyeth-Ayerst Laboratories

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Acura of Augusta
AFLAC
Alison and Associates
Alltel Mobile Communications Inc.
AmeriMove of Georgia, LLC
Amoco Polymers
Augusta Metro Chamber Of Commerce
Augusta Coca-Cola Bottling Co.
The Augusta Chronicle
Augusta Sportswear Inc.
Avondale Mills Inc.
Bagwell Insurance Services
Bank of America
BellSouth
Blanchard & Calhoun Co.
Bourne Toyota
Carraway-Cohen-Channell Ins. Agency
CCI Construction Corporation
Cellular One
Charter Hospital of Augusta
Cherry, Bekaert & Holland
Comfort Inn–Medical District
Computer Masters Of Augusta
DSM USA Inc.
E-Z Go Textron
Elliott Sons Funeral Home
Elliott, Davis & Company, LLP
Enterprise Mill, LLC
First Bank Of Georgia
First Union National Bank
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Georgia Power Co.
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Greenfield Industries
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Hull, Towill, Norman, Barrett & Salley
Ikon Office Solutions/Ricon
Imagyn Inc.
John Deere Commercial Products Inc.
John P. King Mill, Division of Spartan Mills
Jones Intercable Inc.
Kamo Inc.
Kendall Co.
Kirby, Fahrion & Assoc. Inc.
Knology Of Augusta
Lockwood Greene
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Meybohm & Assoc.
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Osbon & Associates
Partridge Inn
Pepsi-Cola Bottling Co.
Pollock Office Machine Co.
Pratt-Dudley Builders Supply Co.
Pruett, Ford & Associates Inc.
R.W. Allen & Associates Inc.
Radisson Riverfront Hotel Augusta
Regent Security Services Inc.
Rhoden CPA Firm
Richmond County Development Authority
Sconyers Inc.
Searle, a Monsanto Co.
Serotta, Maddocks, Evans & Co.
Smoaks Bakery & Catering
Southeastern Technology Center Inc.
SouthTrust Bank
SunCom
SunTrust Bank of Augusta
The Carpet Shop Inc.
Wachovia Bank of Georgia
WAGT—TV 26
Warlick, Tritt, & Stebbins
WBBQ Radio
Westinghouse Savannah River Co.
WFXG—TV Fox 54
Windsor Jewelers
WRDW FM Radio
WRDW TV Channel 12

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The following members of the Loyalty Club contributed $500 to $999 during fiscal 1998-99.

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Dr. Gary F. Bloemer
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Dr. E. Jayni Bradley
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Dr. Jean B. Braun
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Mrs. Reva S. Broadwater
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Dr. John J. Brunette
Mr. and Mrs. Joel Bryan
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Dr. Roberto A. Calle
Dr. Jack W. Carter
Dr. Joe S. Chafin
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Dr. William L. Clark Jr.
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Dr. Samuel H. Payne Jr.
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